

**Knowledge, Attitude and Practice of family planning methods
Among Muslim Community at Dhakdhai VDC
Nepal**

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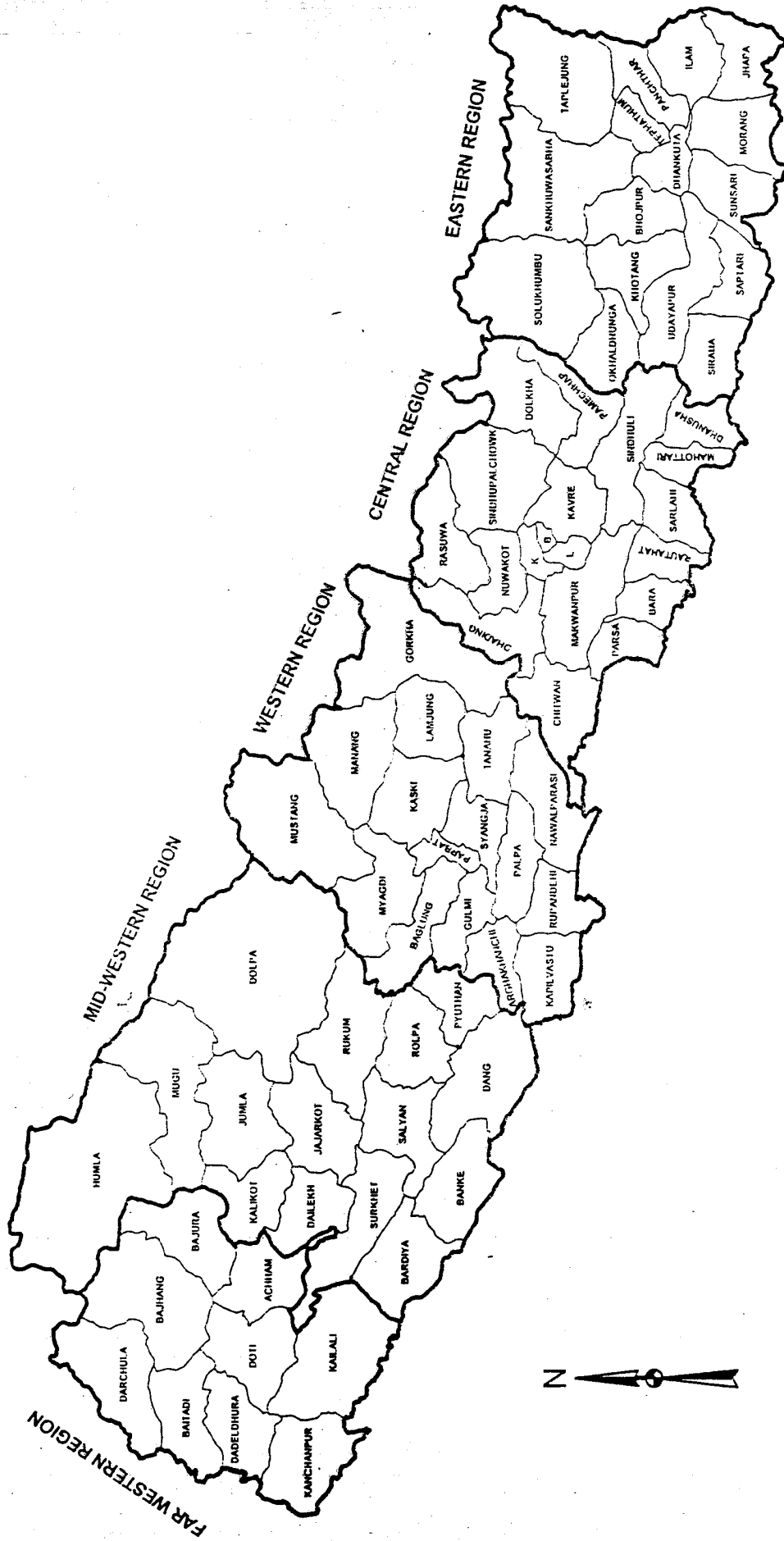
By: Saraswati Ghimire



**A Research Report Submitted in partial fulfillment of the
requirement for the Bachelor Degree of Community Nursing**

**Tribhuvan University
Institute of Medicine Nursing Campus
Maharajgunj, Kathmandu
Nepal
(Ashad, 2060)**

NEPAL



Rupandehi District

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

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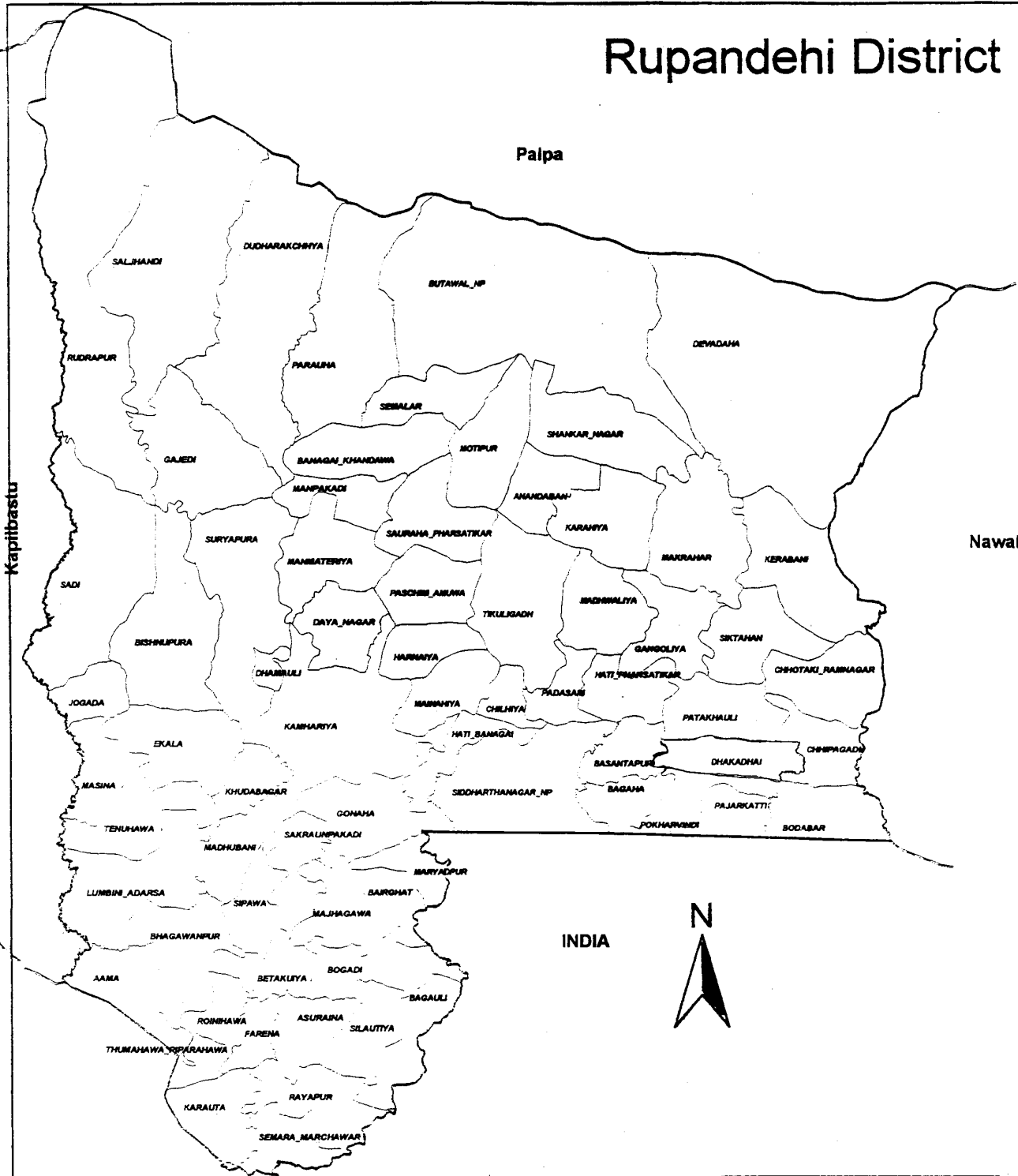
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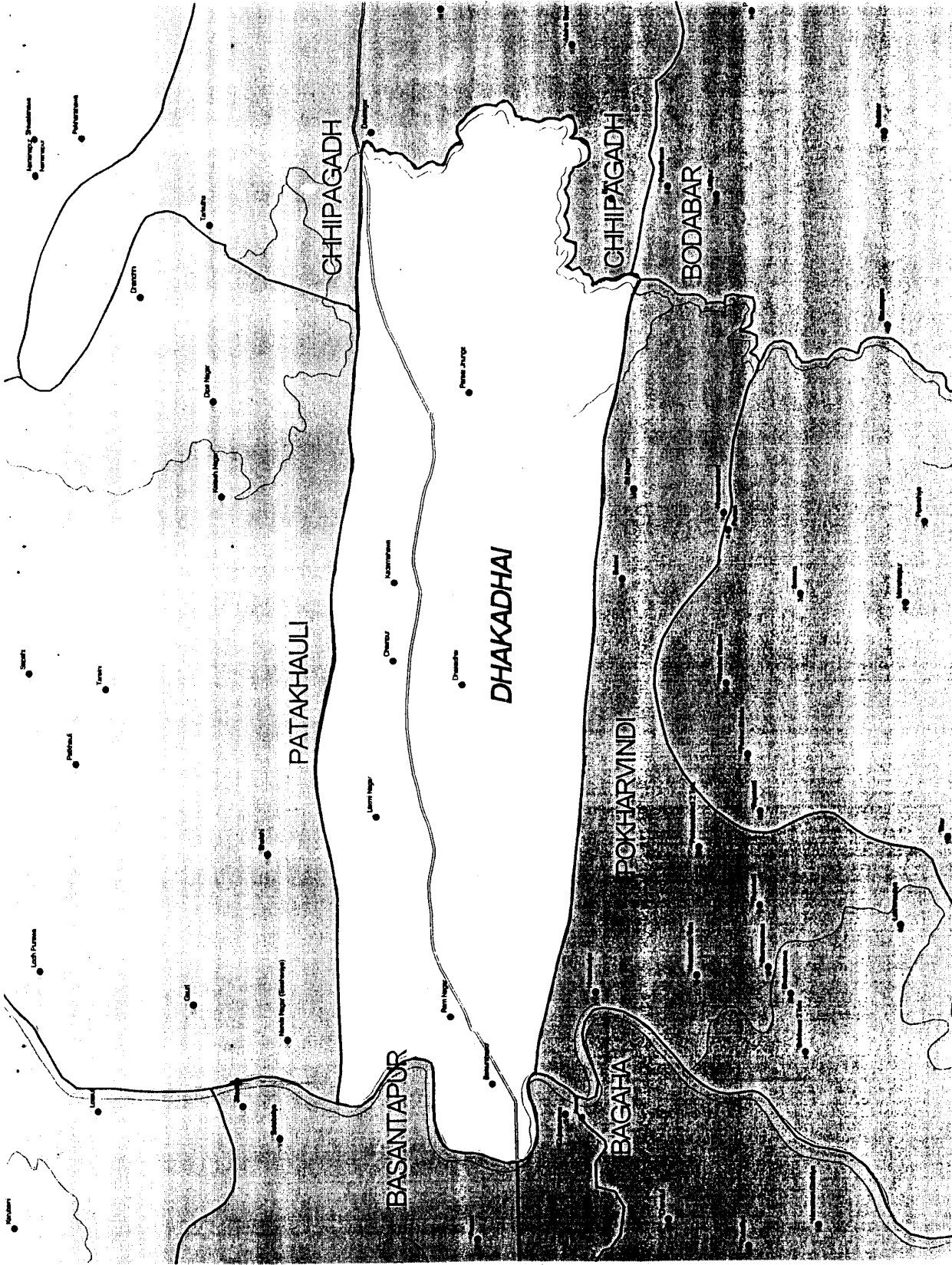
Legend

-  District boundary
-  VDC boundary

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RUPANDEHI DISTRICT(Dhakadhai VDC Map)

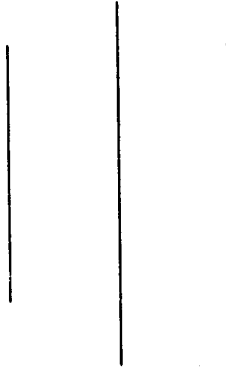


- Settlements (DCC, 1986)
- Roads
- VDC Boundaries (DCC 96)
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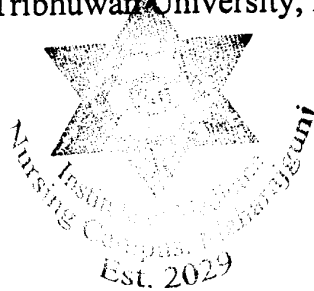
Approval Sheet

**Certified that this is bonafida work of Saraswati Ghimire
Bachelor of Nursing Programme in Community Nursing.**



Submitted in partial fulfillment of the requirement for the degree of Bachelor of Nursing Program from Tribhuvan University, Institute of Medicine.

Advisor's Signature



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Date: 31/3/2060



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Saraswati Ghimire
BN second year



ABSTRACT LIBRARY

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This study entitled knowledge, attitude and practice of family planning among Muslim women has been completed for partial fulfillment of Dhakdhai VDC of Rupandehi district from 060/1/14. The main objective this study to find out the existing knowledge, attitude and practice of F/P methods among Muslim who had at least one child were study population. 50 Women were taken for sample purposively. Semi-structured interview questionnaires were used for data collection. In this study 74% respondents were illiterate 92% Women had knowledge about F/P methods, 100% respondents told using F/P methods is against for religion especially permanent F/P methods. Only 32% respondents were using F/P methods. Women between 15-29 years had 1-4 children and 30-49 yours Women had 4-8 childerns. In basis of above facts it can conclude that there is low literacy among Muslim Women and lack of awareness about F/P and low awareness about F/P and low utilization of F/P methods. There is room for improve in KAP of F/P in Muslim community. For this educational status of Muslim community should be improved and health education programme should be conducted about family planning.



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Appendix

Appendix I: Research questionnaires

Appendix II: Research work plan

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Abbreviation

A.H.W.	=	Auxiliary Health Workers
BN	=	Bachelor in nursing.
CPR	=	Contraceptive Prevalence Rate
CBE	=	Crude birth Rate
CBS	=	Central Bureau of Statistics.
CDR	=	Crude Death Rate.
DHO	=	District Health Office.
Depo.	=	Depo-Provera.
DHS	=	Department of Health Services.
F/P	=	Family Planning.
FHD	=	Family Health Division.
FPAN	=	Family Planning Association of Nepal.
HMG	=	His Majesty's Government Nepal.
HP	=	Health Post.
IFP	=	International Family Planning.
IMR	=	Infant Mortality Rate.
IOM	=	Institute of Medicine.
IPPF	=	International Family Planning.
IUD	=	Intra-Uterine Devices.
INGOs	=	International Planned Parenthood Federation.
KTM	=	Kathmandu.
MMR	=	Maternal Mortality Rate.
MOH	=	Ministry of Health.
NHRC	=	Nepal Health Research Council.
NGO	=	Non-Government Organization.
Nsg.	=	Nursing.
TFR	=	Total Fertility Rate.
VHW	=	Village Health Workers.
%	=	Percentage.
&	=	And.





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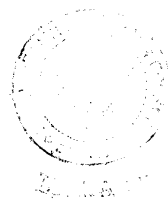
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Chapter I

1. INTRODUCTION

1.1) General Background of the study:

Nepal, a small country located in the footballs of the Himalayas, shares boundaries with India & the Tibetan region of China. Nepal has a rich cultural heritage and its society comprises a diverse mix of ethnic groups, each maintaining its own ancient cultural legacy. (*F/P perspective 2002*)

As of final of the census, total population of Nepal on the down of the 22nd June 2001 is 23,151,423 & the total household is 4,253,200. The male and female composition of population of the country is 11,563,921 & 11,587,502 respectively. According to the result the decimal, 1991- 2001, growth rate of the population of Nepal is 2.24 percent per annum. Based on the same result the country's Urban population is 3,227,879 & the rural population is 19,923,544. The urban population is 14.2% of the total population of Nepal.

The total population of Rupandehi is 708419, male - 360773, female- 347646. Population by religion for district of Rupandehi 788419 total population, Hindu- 604545, Buddha- 399131, Islam- 61563, Kirat- 47, Jain- 47, Christian- 1501, Sikh- 260, Bahai- 12 others- 503. (*According to population census 2001*)

Dhakadhai VDC has total population 5925, male- 3081 & female 2844. On Dhakadhai VDC according to population by caste ethnic total 5925, Muslim- 782, Yadave- 711, Tharu 511, Kahar- 506, Kurmi 450 like others etc. According to this report higher population is Muslim in their community.

The most recent census, that of 2001 gives the total Muslim population in Nepal as 971076 (4.27%), cumulative 57.81, male 501793 & female 469263.

Most Muslims in the western Terai speak Urdu, as mother tongue languages a Terai Muslims are farmers. A very few of them are tailors & bangle sellers. Most of them are fairly self-sufficient farmers; a very few are landless wage earning labors & even are rich. Muslim of Nepal observes a number of religions occasions traditional in Islam. The most important of them is Roja. Muslim boys are circumcised in an important religions ceremony between the ages of four & eight Muslim marriages are very different from other marriage traditions in Nepal. Muslim individuals can marry with almost any other Muslim except a sibling. (*Bista 1976*)

1.2) Title of the problem.

Study on knowledge, Attitude and practice of family planning methods among Muslims community at Dhakadhai V.D.C. in Rupandehi District.

1.3) Objective of the study.

1.3.1) General objective

The general objective of this study was to find the knowledge, attitude & practice of F/P Methods in Muslims community of Dhakdhai V.D.C. of Rupandehi.

1.3.2) The specific objectives of the study were as follows:

- . To assess knowledge on F/P methods.
- . To identify the attitude & beliefs on F/P methods.
- . To find on the practice of F/P methods in the Muslim married women.

1.4) Statement of the problem:

What were the Knowledge, Attitude & Practice of Muslim community about family planning method?

1.5) Statement of hypothesis:

- Knowledge of F/P methods was low due to illiterate rate high in Muslim community.
- Negative attitude of family planning methods were higher then other ethnic group due to religions factors.
- Practices of F/P methods were low among Muslim community due to lack of knowledge and negative attitude deals religious factors.

1.6) Rational of the study:

- It is believed that due to religious belief, Muslims were far behind in family planning practice, but the reality would be different so that investigator is interested to find out the what were the actual factors of about it.
- The investigator was interested to find out knowledge, attitude & practice of family planning methods among Muslim Community in Rupandehi District on Dhakdhai VDC.

1.7) Significance of the study:

- This study would be helpful to identify the knowledge, attitude and practice of family planning methods among Muslim ethnic group.
- The report of this study would be used as supporting document for better planning and delivery of services on Dhakdhai V.D.C. and other Muslim community.

1.8) Variables of the study:

1.8.1) Independent variables:

- Education.
- Occupation.
- Information Media.
- Religion.
- Economic status.
- Socio-cultural factors.
- Ethnic group.
- Family size.
- Number of living children.
- Family planning services.
 - Accessibility.
 - Availability.
 - Counseling.
 - Services facility.

1.8.2) Dependent Variable:

Knowledge, attitude and practice of family planning methods among the Muslim community on Dhakdhai V. D.C.

1.9) Operational definition of the terms:

Terms which were used in this study may have different meaning elsewhere but in this study the terms given below mean as follows.

1.9.1) Family-planning-Methods:

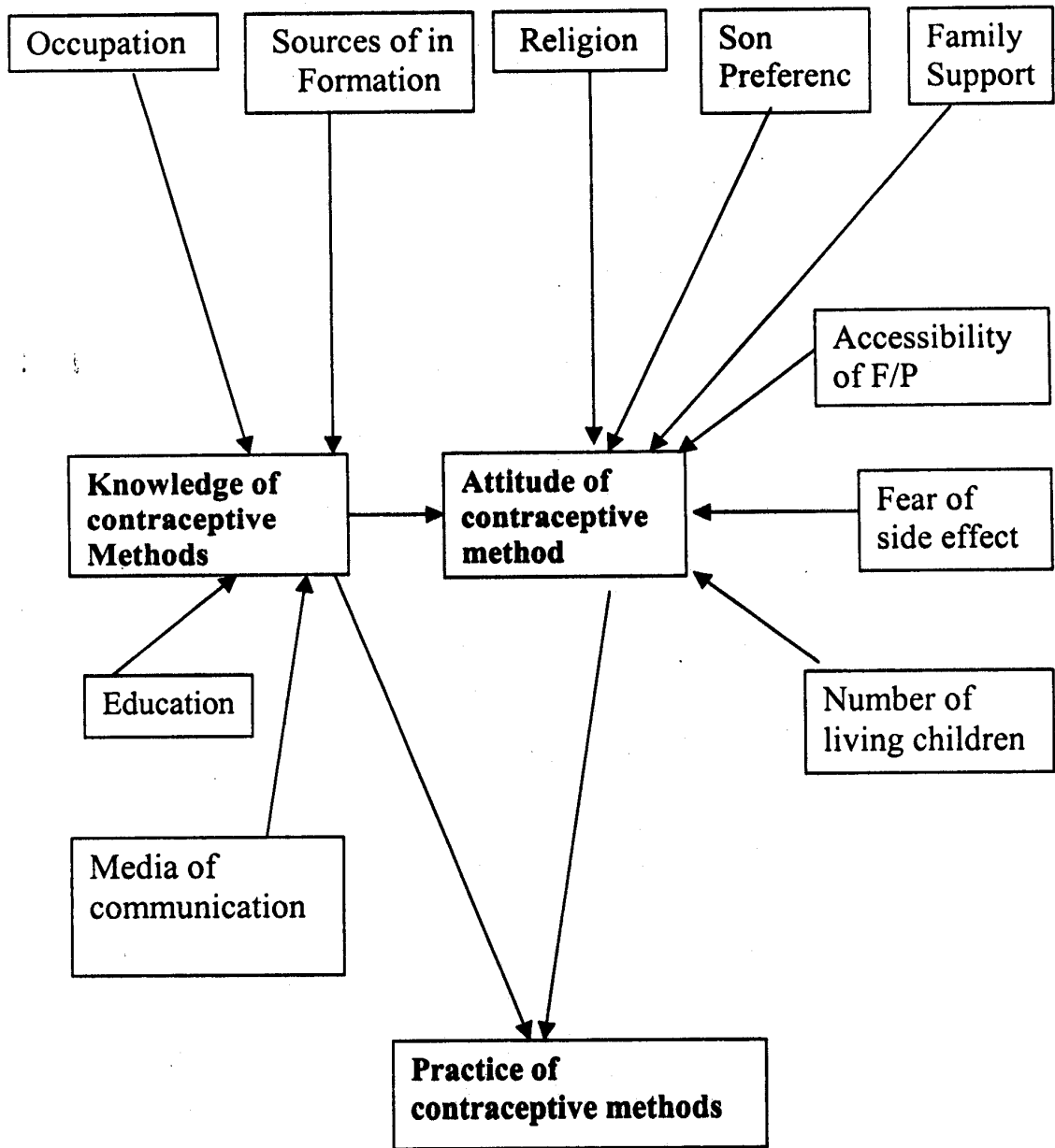
The family planning methods refers to contraceptive methods were all temporary & permanent which were following:

(Especially provide form government services)

- **Pills:** - Women could take this tablet everyday to prevent pregnancies.
- **Depo:** - Women could have an injection, which stops them from being pregnant (for several months) 1 dose for 3 months.
- **Norplant:** - Women could have small capsules placed in their upper arms, which can pregnant pregnancies for several years. (7 years)
- **Condom:** - Men could use rubber sheath during sexual intercourse.
- **IUD:** - Women could keep copper tube inside them to prevent pregnancies.

- **Female sterilization:** - Women could have an operation to avoid having more children.
 - **Male Sterilization:** - Men could have an operation to avoid having more children.
- 1.9.2) **Knowledge:** - The fact for experiences about contraceptive devices knows by married women.
- 1.9.3) **Married Women:** - "Married women" refers reproductive age of 15-49 year and at least with one child of Muslim community.
- 1.9.4) **Education:** - Married women were able or not read & write.
- 1.9.5) **Reproductive age:** - Female who had got married especially in Muslim group within 15-49 years of age and had at least one children.
- 1.9.6) **Attitude:** - Feeling towards family planning methods were measured by the question "Did you like family planning"? It may be positive attitude or negative or attitude.
Desire of the birth spacing also positive attitude towards family planning.
- 1.9.7) **Information media:** - The respondent who had knowledge about at least one method of contraceptives asked where from they know sources of information.
- 1.9.8) **Birth spacing:** - The difference between the first & second birth interval is called as spacing.
- 1.9.9) **Number of living children:** -
Total number of live child.
Family size: - Total number of family members.
- 1.9.10) **Family planning services:** - Place where people got contraceptive services.
Ethnic group: - Ethnic group was a Muslim community.
- 1.9.11) **Economic status:** - Status of the married women of reproductive age in Muslim.
- 1.10) **Delimitation's of the study:**
- **Place:** - During the period of study, the investigator was assigned to the Rupandehi district.
 - **Period:** - Total time available for this study was only of 5 weeks.
 - **Sample:** - Bering small sample size of only 50, this study may not represent whole Rupandehi District only 50 form Muslim ethnic group.
 - **Population:** - Married women of age group 15-49 yrs. And at least with one child.
 - **Instrument:** - Questionnaires.
 - **Resource:** - Resources were limited so the study could not be made in detail.

1.11) Conceptual framework:



Chapter II

2.) Review of literature

2.1) Review of literature:

An expert committee (1971)² of the W.H.O. defined family planning as "a way of thinking & living that is adapted voluntarily, upon the basis knowledge, attitudes & responsible decisions by individuals & couple, in order to promote the health and welfare of the family group & thus contribute effectively to the social development of a country".
(J.E. park & k park 1976)

Family planning & health have a two-way relationship. The principal health out a two of family planning were listed & discussed by a WHO scientific group on the health aspects family planning. There can be summarized under the following heading.

Women's Health: - Maternal mortality, Mobility of women of childbearing age. Nutritional status (weight changes, hemoglobin level etc), preventable complications of pregnancy & abortion.

Fetal health: - Fetal mortality (early and late fetal death); abnormal development.

Infant & child health: - Neonatal, infant & preschool mortality, health up to infant at birth (birth weight), Vulnerability to disease. (park-1976)

Family size refers to the total number of persons in a family, demography, family size means the total number of children a women has burns at a point in time. The completed family size indicates the total number of children born by a woman up to be the end of childbearing, which is generally assumed to be between 15 & years The total fertility rate gives the approximate magnitude of completed family size. (Park 1991)

Couple & individuals have the basic human right to decide freely & responsibly the number & spacing of their children & to have the information, education, & means to do so". The conference of the international women's year in 1975 also declared "the right of women do decide freely & responsibility on the number & spacing of their children & to exercise that right. (Park 1991)

Except committee (28) defined and described family planning as follows: -
"Family planning refers to attain certain objectives"

- a) To avoid unwanted birth.
- b) To bring about wanted birth.
- c) To regulate the intervals between pregnancies.
- d) To control the time at which births occur in relation to the ages of the parent and
- e) To determine the number of children in the family (park 1989)

Religion has a significant relevance in the demographic study of socio-economic groups. Religion prescribes a code of life, refers to a system of beliefs, attitudes & practices which individuals share in groups, and through this orientation towards life & death, religion is supposed to affect one's fertility behavior religious affiliation of the couple connotes a system of values which can affect family via several routes: (a) directly, by imposing sanctions on the practice of birth control or legitimizing the practice of less effective methods only, or (b) Indirectly, by imposing its members with a moral & social philosophy of marriage & family which emphasizes the virtues of reproduction. (*West off, 1959:117*)

Historically Muslim group consistently showed higher population growth than many other religions groups; for example, during the last several decades the proportion of Muslims in India's population has been steadily increasing while that of Hindus steadily falling. In the undivided India, the Muslims share increased from 20% in 1881 to 24% in 1941 while that of Hindus declined from 75% to about 70%. In the Post-Intendance period, 1951, the proportion of Muslims population increased from a little less than 10% to 12% & the proportion of Hindus declined from 85% to 12% & the proportion of Hindus declined from 85% to 82%. The growth rate has also been higher for Muslims than Hindus. (*Milika Mistry 1999*)

The pace of demography transition of any religion group is largely determined by socioeconomic & cultural progeny of the community change in socio-economic variable such as education, status of women & economic status will bring about changes in the such proximate variables turn affect fertility & mortality levels. Although religion is an important variable, it is the other socioeconomic variable such as female education and economic statuses, which have overriding influence in the demographic process. (*Milika Mistry 1999*)

The knowledge of contraceptive is important to understand, as knowledge precedes use. The knowledge of modern methods of contraception as revealed by the Nepal fertility, family planning & survey 1991 & Nepal family health survey 1996. The knowledge of least one modern methods of contraception has increased from 93% to 98% in 1996. The knowledge of each modern method among currently married women in Nepal has been found to increase between 1991 & 1996. The most remarkable increase in knowledge was observed in pills, Depo, Condom & Norplant (*Annual report 2052/53(1995/96)*)

Ensuring access to family planning information & services is a key element of the Mother-Baby package. First planning of the maternal mortality in several ways. First Family planning can lead to a reduction in the number of births & since every pregnancy is associated with some risk, this in itself helps reduce maternal deaths. Second family planning can help reduce mistimed pregnancies. Although any pregnancy carries a risk death or disability, some are more riskily then other-for example, those among every young woman, of high parity & those to older women. Third, family planning can help to reduce the number of unwanted pregnancies. Unwanted pregnancy is always a threat to the women's health, because she may resort to unsafe abortion with all its attendant

risks or because she is less likely to take care herself than if the pregnancy was wanted. Some estimates indicate that family planning to prevent mistimed & unwanted pregnancies could reduce maternal mortality by up to one third. (*WHO/FHE/MSM/94:11*)

Maternal mortality is persistently high in Nepal. Two sisterhoods MMR studies estimate 515 per 100,000 live births in 1991 DHS to 539 in 1996 DHS- every year more than 4,000 women die in Nepal. A woman has a 1 in 32 chance of dying because of pregnancy & childbirth. Maternal death constituted 27% of all reproductive age death. (*Women health & development 2001*)

In Nepal women of the reproductive age group comprise 23% of the total population. Due to young structure of population & high fertility the reproductive population will continue to grow in the coming years. The numbers of women of reproductive age is projected to increase up to 71%, implying the need for a significant expansion of reproductive & child health services, including KP services. The number of women of reproductive age in Urban is expected to grow more than triple indicating the need for a dramatic increase in urban services. (*World Bank 2001*)

The socio-biological process of conception, childbirth & child rearing are profoundly affected by broader social and cultural factors, particularly by inequalities between the sexes in the household. In South Asia these factors can act as threats to women's vulnerable health status, especially with in contexts socio-cultural restriction and economic scarcity. (*Human Development in south Asia 2000*)

Within the context of reproductive health, the main objectives of the family planning programme to assist individuals & couples to: space their children, prevent unwanted pregnancies, manage infertility & improve their overall reproductive health. During the first three years of 9th plan period the number of contraceptive acceptors has increased to 1,440,279 showing 85% progress of the target. Contraceptive prevalence rate has gone up to 34.45% in 1999/00 from 29% in 1996/97. Between census & household survey, a survey carried out by NPC-CBS, reveals that this rate was 37.3% in the year 2000. (*Health information Bulletin 2001*)

Reproductive health (RH) is a state of complete physical, mental & social well-being & not merely the absence of disease or infirmity. Reproductive health therefore, implies that people are able to have satisfying and safe sex life & that they have capability to reproduce & have the freedom to decide if, when & how to do so. Implicit in this last condition are the rights of women & men to be informed of, any to have access to safe, effective, affordable & acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law. Additionally, women will have the right of access to appropriate health care services that will enable them to go safely care services that will enable them to go safely through pregnancy & childbirth. (*National Reproductive Health Strategy 1998*)

Greater male involvement is needed in order to improve & protect the sexual & reproductive well being of both men & women. One of the greatest deterrents to greater

male involvement in reproductive health is the lack of contraceptive options for man. Apart from withdrawal, only vasectomy & the condom provide effective protective against both pregnancy & sexually transmitted infections, there is often reluctance to use them. Research to find ways of reversing negative attitudes to condom use without undermining women's control of over contraceptive choice is important. (*Progress in human reproduction health 1998*)

Too many births too close together are good neither for the mother, nor for her babies. A space of two yrs between births is usually recommended. Many women do not want to get pregnant again soon after giving birth. They wish to devote time to their new child & they wish to give their body time to build up its strength again before the next pregnancy. Advice on F/P is therefore important during the postpartum period. (*Safe mother hood 1997*)

The family consists first of all of husband & wife. Family planning & scientific & demographic studies the health aspect is very important, because the nation cannot be sound of body & mind unless the family is in a healthy condition. (Page 259) (*Islam & family planning*)

Islam as we have motioned above permits family planning provided the wife is allowed by her husband to practice it. Permission for family planning is based on the following grounds.

1. A sufficiently long organized interval between on pregnancy & another, with regularity.
2. The desire to avoid pregnancy for the sake of being spread a certain possible harm & hardship & for the sake of averting any danger to the pregnant women's life.
3. Death of the focus & the mother or either of them.

To allow suitable interval between on pregnancy & another gives a good respite & affords a better chance for childcare & for bringing up children properly, in chiding in the spirit of Islam & a high standard of mortality. Family planning therefore cannot be justice for fear of poverty, because this is in admissible in Islam. The low giver also prohibited limiting the offspring but allowed birth to be regulated. (*Contraceptive methods in early Islam*)

The only know methods used in early Islamic periods is generally knows as 'azl' usually it is translated as coitus interrupt the withdrawal methods or us. (*Islam & F/P 1971*)

Family planning acceptance & utilization are closely related to the socio-economic status education, and employment of women as well to age at marriage. They are closely related to the provision of easily accessible, services & supplies they are especially related to the issue of women's status in society and to the development of women's roles. Killers of women in there twenties & thirties. World Health organization (WHO) officials caution that maternal deaths those resulting directly or indirectly from pregnancy within 42 days of childbirth, induced abortion, or miscarriage may actually be

twice the estimated figures what is more for every women who dies, many more suffer serious often long-term, Health problems. That bearing life brings death to so even more distressing given that family planning & preventive medicine could substantially reduce these losses. (G.Giri & Helen MPPZ2)

Continuation & use- effectiveness of F/P depend largely on the state of informed choice of a family planning. Thus under this category, knowledge about F/P methods sources of contraceptive supplies & side effects have been included. (I.F/P.P.2000, volzo, No.3)

The right of the women in Islam & the position of Islam on family planning are very important. (America educational Trust 1995-1999)

Respondents' perceptions of family planning were associated with contraceptive use. Those who approved of family planning were twice as likely as respondents who disapproved to be using contraceptive. Further more, respondents who communicated with their spouse about family planning were three times more likely contraceptive. Women who agreed with statement supporting girl's education & disagreed to be practice contraception, contraceptive was also more common among men who were exposed to family planning through the media than among those who were not. (I.F/P perspective, 1999,25 (2): 86-91)

Religious role models: - The religious authorities of Bangladesh are now becoming experts on reproductive health and gender issues. Scholars at the FPA's Islamic Research Cell are educating Bangladeshi religious leaders on family planning's role and recognition in Islam, and encouraging them to promote reproductive health through their work. The family planning association of India, China and Thailand are now replicating this success in their own countries. Here **Mohammad Abbas Uddin** describes the programme foundations.

Family Planning Against Islam?

An unequivocal "yes" would have been the answer to this question by many of Bangladesh's Muslim clerics (imams) only ten years ago. From the pulpits of mosques across the country, it was decreed that family planning was an "act of Satan" an evil act. Those who practiced it would "go to hell." Some claimed it encouraged immorality, castration and abortion. In many places, family planning offices were set on fire and workers physically assaulted while burials were sometimes refused for sterilized men and women.

Now many of the same clerics are supporting family planning work and delivering family planning work and delivering speeches on reproductive health in addition to the juma khutbah (Friday prayers), in Bangladesh, religious leaders play a vital role in moulding day-to-day life. Realizing this, the Family planning Association of Bangladesh launched a large-scale advocacy campaign to win their support. With the

expert assistance of the Islamic Research Cell, set up by FPAB, an educational programme was devised to look at the just role of family planning in Islam. It was aimed at religious leaders, opinion formers and Madrasha (religious school) students.

The Islamic Research Cell was established in 1984 with a view to promoting correct interpretations of the Holy Quran and Hadith as they relate to questions of reproductive health, family planning, women's status, marriage, and maternal and child health (*Real lives Issue five: - August 2000*)

2.2 Summary of literature review: -

Above literature shows knowledge, attitude and practice of F/P methods. Family planning means couple and individual have the basic human right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. The conference of international women's year in 1975 also declared the right of women to decide freely and responsibility on the number and spacing of their children and to exercise that right.

Family planning helps to reduce maternal deaths reduce mistimed pregnancies and reduce the number of unwanted pregnancies. Knowledge of F/P methods means heard about F/P at least one method.

The knowledge of at least one modern method among currently married women in Nepal has been found to increase between 1991 and 1996. The most remarkable increase in knowledge was observed in pills, Depo, Condom and Norplant.

Family planning acceptance and utilization are closely related to the socio-economic status, education and employment of women, as well as to age at marriage. The right of the women in Islam and position of Islam on family planning are very important continuation and use effectiveness of F/P depend largely on the state of informed choice of a family planning. Thus under this category, knowledge about F/P methods, sources of contraceptive, supplies and side effects have been included.

Contraceptive acceptors has increased to 1440,279 showing 85% progress of the target contraceptive prevalence rate has gone up to 34.45% in 1999/2000 from 29% in 1996/1997.

Respondent's perceptions of family planning were associated with contraceptive use.

Bangladesh's Muslim was decreed that family planning was an 'act of Satan' an evil etc. ~~now many of the same clerics (imams) are supporting F/P work and delivering speeches on reproductive in addition to the Juma khutbah (Friday Prayer) because in Bangladesh, religious leaders play a vital role in moulding day-to-day life. Which help to develop positive attitude in F/P methods.~~

CHAPTER III

- 3.1) **Research Methodology:** - This part was concerned with the methodology used to assess the knowledge, attitude and practice of F/P methods on Muslim women.
- 3.2) **Research designs:** According to the objectives of this descriptive research design had been adopted & it had been done to explore the existing knowledge, attitude practice about F/P methods in Muslim.
- 3.3) **Study area:** -The studies were carrying out in Dhakdhai V.D.C. Rupandehi District.
- 3.4) **Study population:** - All married women of 15-49 yrs of Muslim community of with at least one child.
- 3.5) **Sample size:** - Were formulated 50 married women selected from Dhakdhai V.D.C. Rupandehi.
- 3.6) **Sampling technique:** - Sample was taken purposively from Dhakdhai V.D.C. of Rupandehi district.
- 3.7) **Data gathering instrument:** - Semi structure interview questionnaires were developed.
- 3.8) **Pre testing of instrument:** - The pre testing of instrument were taken in similar setting of Rupandehi district Basantapur V.D.C. by investigator.
- 3.9) **Data collection procedure**
- 3.9.1) **Primary source:** - All necessary data/ information was taken from married couple by home visit & personally meeting to the couples.
- 3.9.2) **Secondary source:** - Necessary data/ information was taken from Previous record, community people & health personal etc.
- 3.10) **Ethical consideration:** - During the study period all ethical considerations were maintained and precaution was taking to provide safety of right of all participants of the study.
- Written permission was taken from campus and local body of community area like VDC.
 - The purpose of data collection was explained prior to interview to the participant.
 - Before gathering data, verbal cosent was taken from respondents.
 - Confidentially and privacy of the respondents was maintained.

- 3.11) **Measures to reduce the bias:** - For reducing bias the investigator herself will go to interview with married women at a time & explained them objectives early.
- 3.12) **Validity & Reliability:** -
Reliability- Pre-test of questionnaire and modifying the question were made as necessary.
Validity- Consult expertise, consult teacher & guide, literature review.
- 3.13) **Plan for Data Processing:** - After completion of survey, data processing was done.
In data processing work mainly three steps were done.
a) Coding
b) Preparation of master table
c) Tabulation
Coding was done to assigning numerals or other symbols for answers so that response can be put into limited number of categories.

To detect errors and mistakes, daily tabulation and essential calculation were done. Data was tabulated in dummy table.
- 3.14) **Plan for data Analysis:** - Collection of data, analysis of data and tabulation of data were done. Manually data were analyzed in term of frequency, percentages, proportion and other analytical methods of statistics.
- 3.15) **The work plan:** -
First week- Data collection for pretesting.
Second week- Data collection.
Third week- Data collection.
Fourth week- Data analysis & interpretation.
Fifth week- Data analysis & interpretation.
Sixth week- Report writing & presentation.
Seventh week – report writing & presentation.

Chapter IV

4. Data Analysis and Interpretation

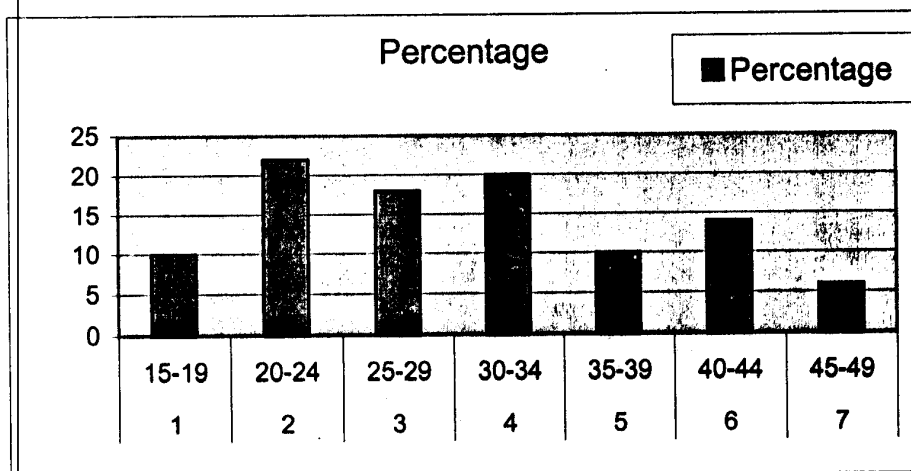
This chapter deals with the analysis and interpretation of raw tabulated data obtained from questionnaire. The data were collected from Dhakdhai VDC Muslim married women, regarding knowledge, Attitude and practice of F/P methods. The total numbers of respondents were fifty. The collected data were compiled and tabulated on dummy table manually, then analysis and interpretation was done on the basis of statistical method E.G. Number, frequency, percentage, mean, standard deviation and presented in the form of table, pie chart, bar and frequency hypothesis testing 'z' value and 't' test was used, which was presented below: -

- 4.1 Demographic characteristics.
- 4.2. Knowledge regarding F/P methods.
- 4.3. Attitude regarding F/P method.
- 4.4. Practice regarding F/P method.

4.1 Demographic Characteristics

4.1.1. Age group of married women: -

Figure No.1



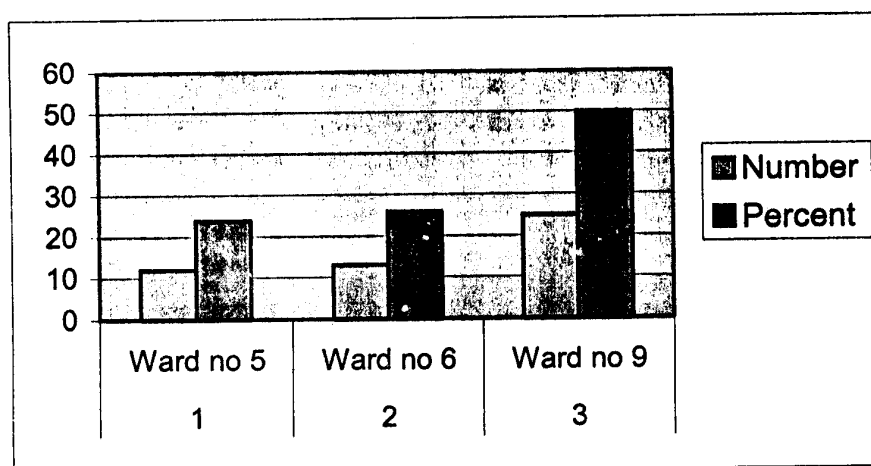
The above bar chart shows that the higher reproductive age group in 20-24 years 22% and lower 45-49 years 6%. Mothers can give birth of children till 49 years.

4.1.2. Sex of respondent: -

All of respondent were between 15 to 49 years Muslim community married women who had at least one child. 100% Female respondents were in research study.

4.1.3 Address of respondent

Figure No.2



The above bar graph shows that highest 50% respondent were Dhakdhai VDC Ward no. 9, 26% ward no. 6 and 24% were ward no. 5 Muslim community women.

4.1.4 Different caste on Muslim Ethnic group: -

Table no. 1

S.no	Caste	Number	Percent
1	Pathan	13	26
2	Dargi	5	10
3	Khan	11	22
4	Bhat	5	10
5	Sek sidhiki	2	4
6	Ansari	5	10
7	Nawoo	2	4
8	Churihar	2	4
9	Dhunia	2	6
10	Fakir	1	2
11	Teli	1	2
	Total	50	100

(According to 2003 survey)

The table indicate that within Muslim ethnic group there were so many caste and according to own caste they divided the occupation like Pathan, Bhatt, sek sidhiki were Pandit of Muslim, dargi were involved in tailors, Churihar are bangle seller, Nawoo involved in Barbar and Ansari & Teli involved in business.

Above table shows that majority of respondents were (26%) pathan, (2%) were khan, (10%) were dargi, (10%) were Ansari (6%) were dhauniya,(4%) were sek sidhiki,(4%) were nawoo,(4%) were chaurihar,(2%) were fakir(2%) were Teli in this Dhakdhai V.D.C.

4.1.5. Educational status:

Table no. 2: Female education

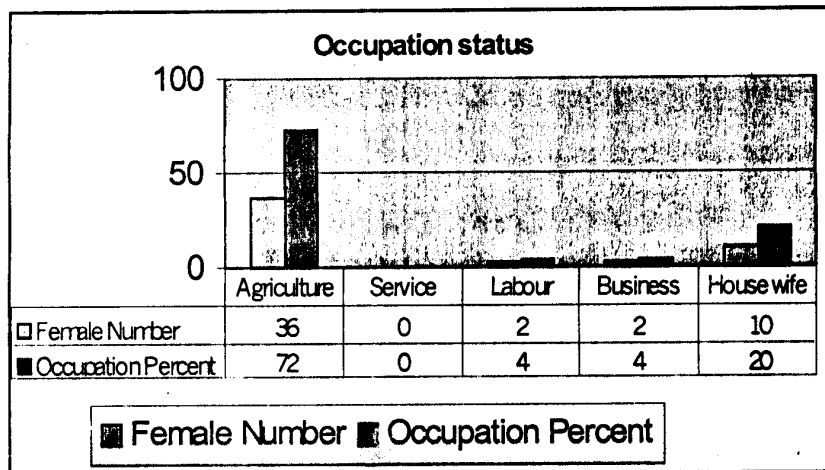
S.no	Education	Number	Percentage
1	Illiterate	37	74
2	Literate	10	20
3	Primary	3	6
4	Lower Secondary	-	-
5	Secondary	-	-
6	Higher Secondary	-	-
7	Above Higher Secondary	-	-
	Total	50	100

The above table showed that 74% Female illiterate in Muslim community in the Dhakdhai V.D.C. In national level women illiteracy rate is 64.6%.

Female literacy rate was 26%in respondent 20% could simple read & write only literate & 6% upto primary. Nobody had education above primary .In national; level women literacy rate was 35.4% comparison to national level Muslim literacy rate very low.

4.1.6. Occupation status: -

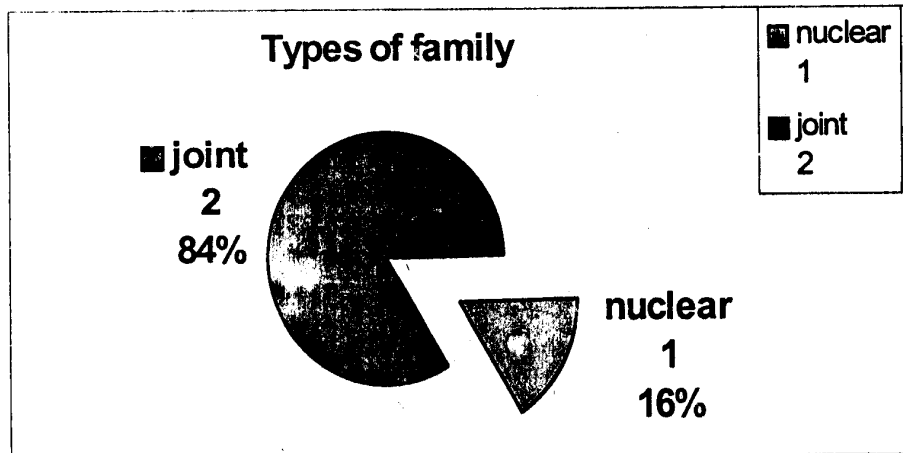
Figure No 3



Majority of respondents (72%) was agriculture, 20% house wife, 4% Labour & 4% business. Majority of women main occupation was agriculture. They follow traditional agricultural method.

4.1.7. Types of family

Figure No 4



The above pie chart shows that majority of Muslim family about 84% are in joint family & 16 % are nuclear family.

4.1.8. Number of living children

Table no- 3: Number of living children's according to number of respondent.

S. N	Number of living children	Number Of respondent	Percentage
1	1	12	24
2	2	8	16
3	3	9	18
4	4	7	14
5	5	5	10
6	6	7	14
7	7	1	2
8	8	1	2
	Total	50	100

Above table shows that according to women number 24% women had 1 child & 16% had 2, 18% had 3, 14% had 4, 10% had 5, 14% had 6, 2% had 7 & 2% had 8 children.

According to Age of married women total number of living children
Table no: - 4

S. N	Age of women	Number of Living children								Total	Percentage
		1	2	3	4	5	6	7	8		
1	15-19	5	-	-	-	-	-	-	-	5	10
2	20-24	4	4	3	-	-	-	-	-	11	22
3	25-29	2	3	3	1	-	-	-	-	9	18
4	30-34	-	-	2	2	2	4	-	-	10	20
5	35-39	1	-	-	1	1	2	-	-	5	10
6	40-44	-	-	-	2	2	1	1	1	7	14
7	45-49	-	1	1	1	-	-	-	-	3	6

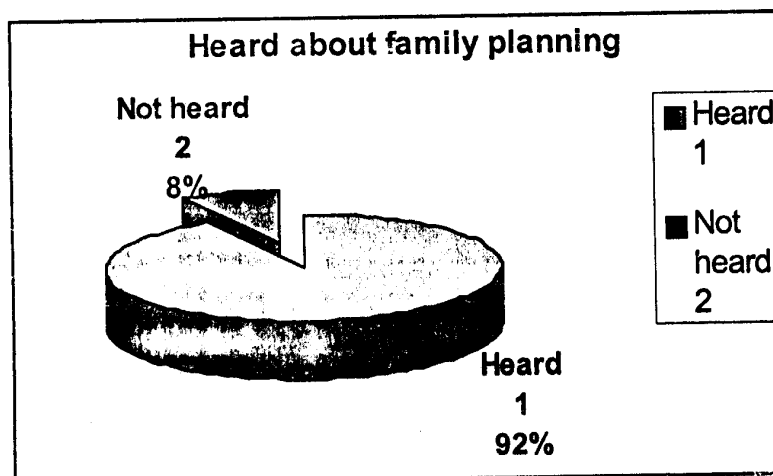
Above table shows that those whose age was between 15-29 yrs. Women have 1 to 4 child and who had age of 30-49 yrs. Women have 4 to 8 children but one woman had secondary infertility that had one children whose age was above 30 yrs. and two women done female sterilization who had two and three children those women were age of above 45 yrs. Women who were done permanent F/P they were educated women. One woman was F.C.H.V. and others were educated up to primary.

Above table shows that if they have not got a family planning method at time between the reproductive ages of 15-49 yrs more chances to have more children.

4.2.KNOWLEDGE REGARDING FAMILY PLANNING METHOD: -

4.2.1 Heard about family planning

Figure No 5



Above chart shows 92% Muslim women have heard about family planning and 8% not heard about family planning.

4.2.2. Source of information

Table no 5

S. N	Source of information	Number	Percent
1	Radio	11	22
2	Television	9	18
3	Neighbours	17	34
4	Health personal	31	62
5	Mothers club	1	2
6	Male spouse	3	6
	Total	50	100

(Response by Duplication)

Above table shows that main source of information was (63%) health personal, secondary (34%) neighbors, 22% radio, 18% television, 6% male spouse & 2% mothers club & 2% not no about family planning.

4.2.3. Understanding of family planning

Table no 6

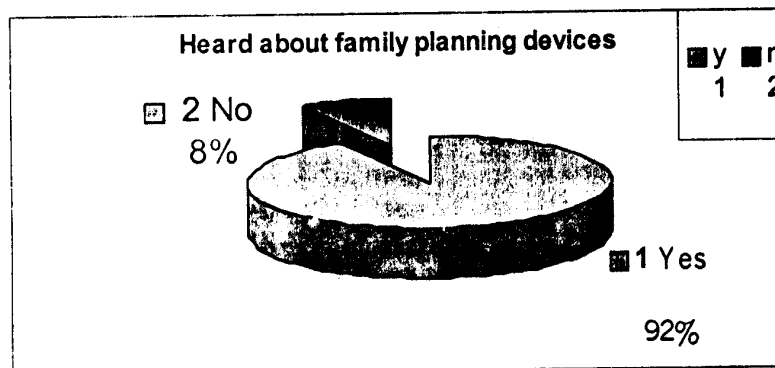
S.no	Meaning of family planning means	Number	Percent
1	To maintain birth spacing	20	40
2	To use family planning devices	20	40
3	To having only two children	17	34
4	To improvement of health condition of family	13	26
5	To bring about wanted birth	14	28
6	To avoid unwanted birth	20	40
7	Don't know about it	4	8

(Response by Duplication)

Above table shows that the Muslim women's understanding of family planning means to maintain birth spacing (40%), to use family planning devices (40%) having only two children (34%), to improvement of health condition of family (26%) to bring about wanted birth (40%), not know about F/P.

4.2.4. Heard about family planning devices:-

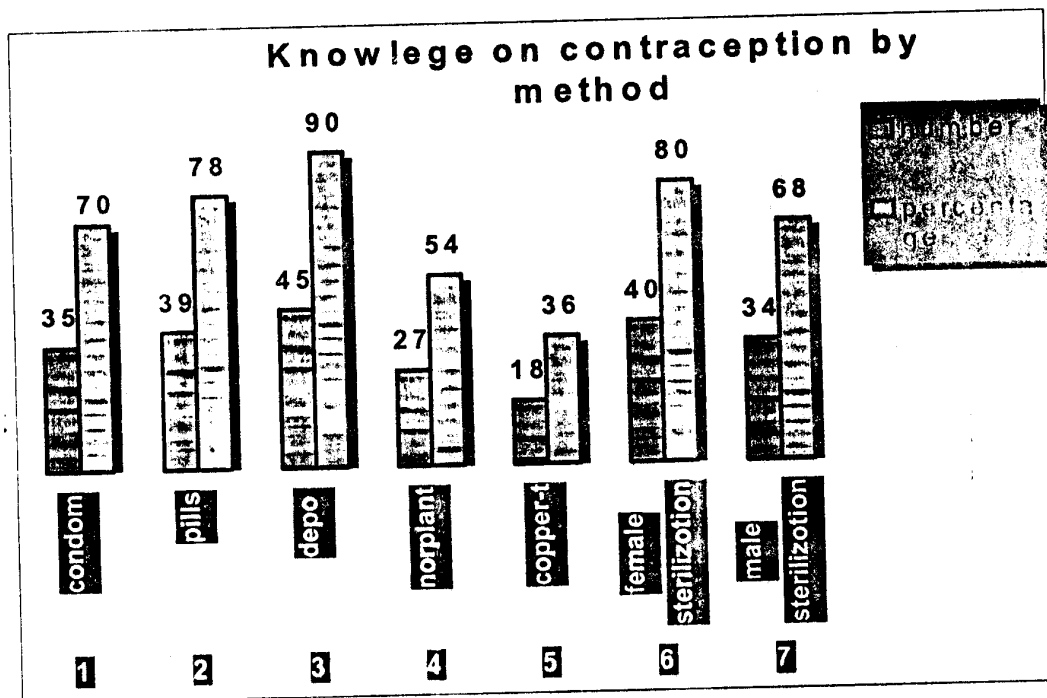
Figure No 6



Above pie chart shows that 92% Muslim women heard about F/P devices & 8% were not heard about F/P devices.

Family planning & health survey 1991 & Nepal family health survey 1996 showed that the knowledge of at least one modern method of contraception has increased from 93% in 1991 to 98% in 1996. The knowledge of each modern method among currently married women in Nepal has been found to increased in-between 1991 to 1996. The most remarkable increase in knowledge was observed in Pills, Depo, Condom & Norplant.

4.2.5. Knowledge on contraception by method
Figure No 7



Response by Duplication

Above chart shows that respondents know about Depo, 80% know about female sterilization, 78% know about Condom, 68% know about male sterilization, 54% know about Norplant & only 36% know about Copper-t. This study also showed that knowledge about Depo is significantly higher than other methods.

4.2.6. Opinion about spacing

Table no 7

S.N	Ideal time of birth spacing	Number	Percentage
1	1-2 yrs.	4	8
2	2-3 yrs	13	26
3	3-4 yrs	13	26
4	4 yrs above	20	40
	Total	50	100

In opinion of 40% respondent the ideal time of birth spacing was 4 yrs above, 26% respondents 3-4 yrs, 26% respondents 2-3 yrs & 8% respondents said 1-2 yrs.

Too many births too close together are good neither for the mother nor for the babies. A space of two years between births is usually recommended, many women do not want to get pregnant again after giving birth. They wish to devote time to their new child & they wish to give their baby time to build up its strength again before the next pregnancy. Advice on family planning is therefore important during post partum period (safe motherhood issue 24, 1997(2))

4.2.7. Knowledge about availability of family planning services:

Table no 8

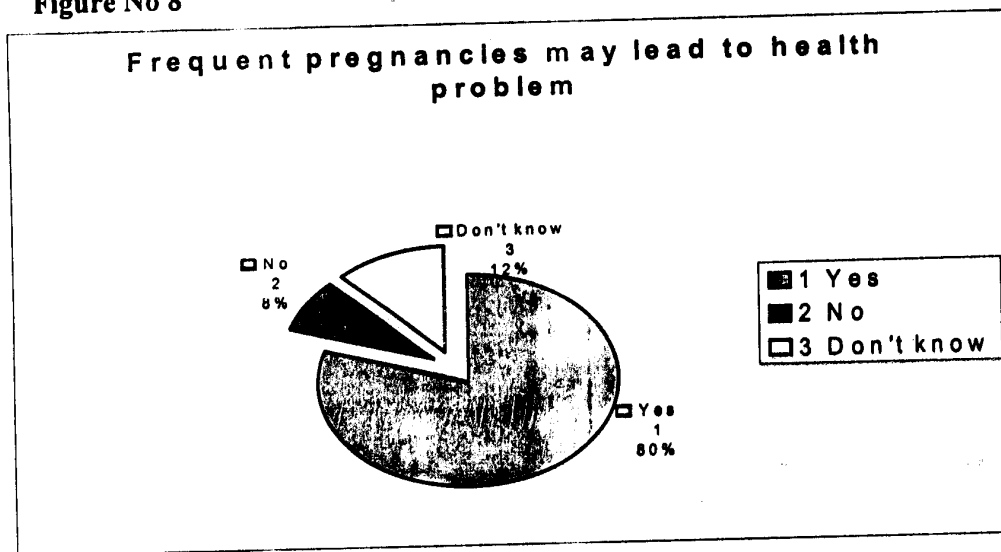
Sn	Source of availability	Number	Percentage
1	Out reach clinic	12	24
2	Sub health post	20	40
3	Health post	17	34
4	Primary Health centre	43	86
5	Hospital	24	48
6	Health worker	14	28
7	Private clinic	5	10
8	Not know about it	4	8
	Total	50	100

(Response by Duplication)

Above table no. Indicates that out of 50 respondents had knowledge about availability of F/P services in primary health center, followed by 48% in hospital, 40% sub health post, 34% health post, 28% health workers, 24% out reach clinic, 10% private clinic, 8% not know about source of availability.

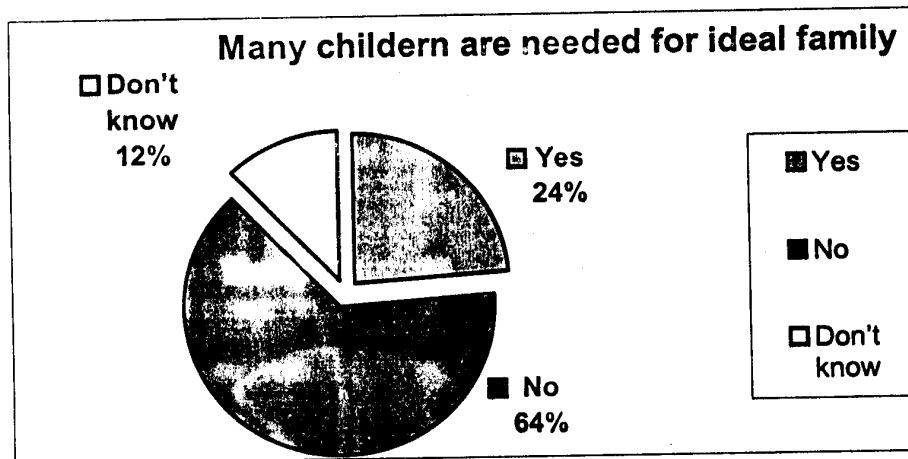
4.3. ATTITUDE REGARDING F/P METHODS

**4.3.1 Frequent pregnancies may lead to health problem.
Figure No 8**



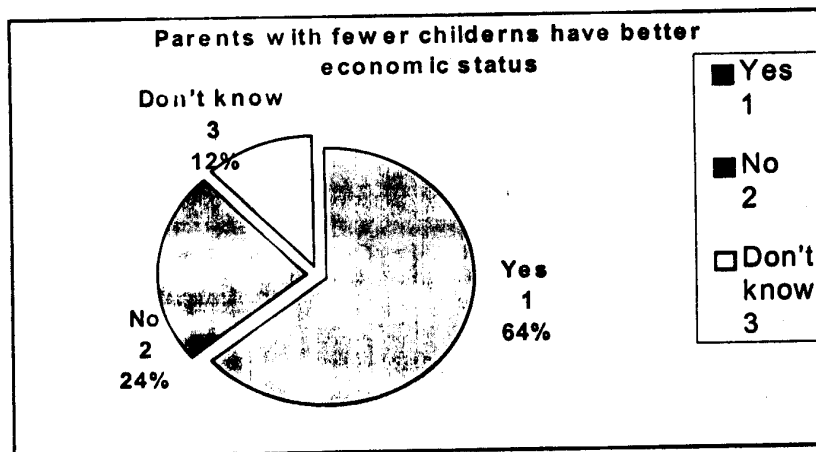
Above pie-chart shows that 80% respondent said frequent pregnancies & 12% had no knowledge about it. The majority of respondent had positive attitude about it.

**4.3.2 Many children are needed for ideal family: -
Figure No 9**



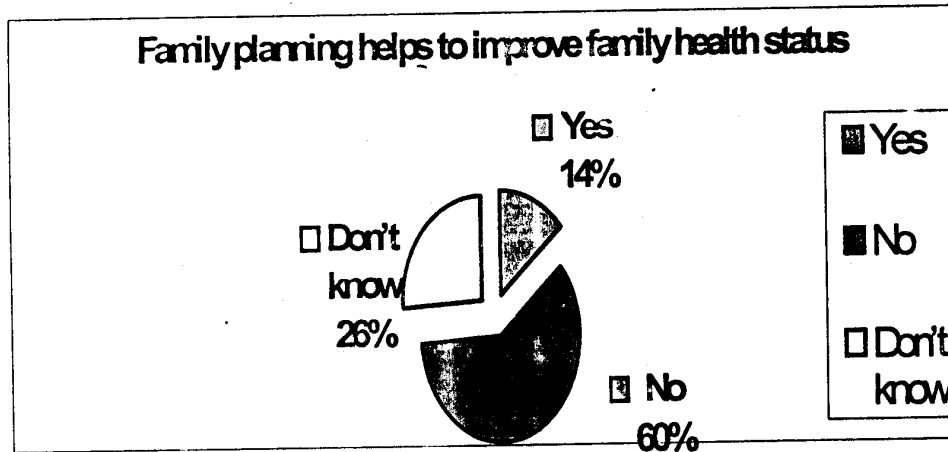
Above pie-chart shows that 24% of respondents said needed many children for ideal family & 64% said had no needed many children for ideal family 12% had no knowledge about it. The majority of respondent had positive attitude about it.

**4.3.3 Parents with fewer children have better economic status: -
Figure No10**



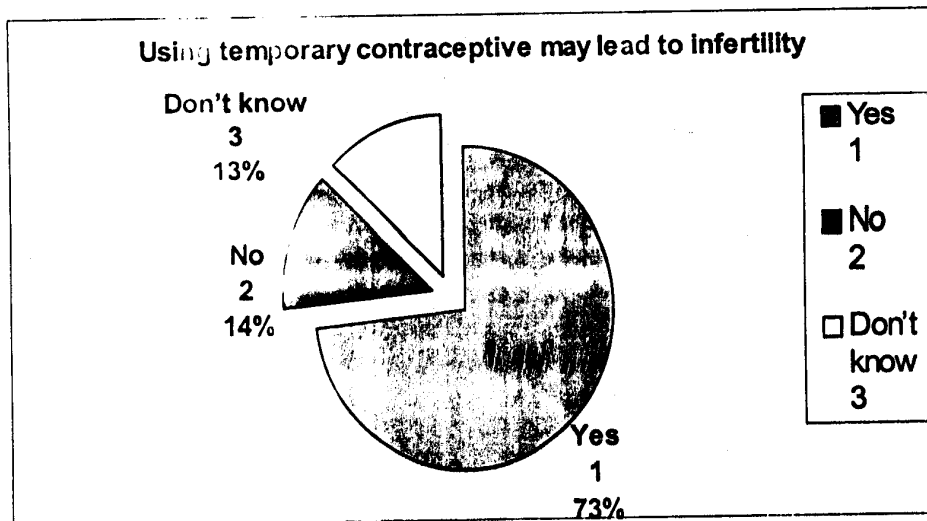
Above pie chart shows indicates that 64% respondents gave yes answers about parents with fewer children have better economic status and 24% give no answer 12% had no knowledge about it.

**4.3.4. Family planning helps to improve family health status:-
Figure No 11**



Above pie-chart indicates that 60% respondents said family planning does not help to improve family health status 14% respondents said family planning helps to improve family health status & 26% had no knowledge about it. Above data proved that they had negative attitude about F/P due to lack of knowledge about family planning.

**4.3.5. Using temporary contraceptive may lead to infertility:-
Figure No 12**



Above pie chart shows that 76% respondents said using temporary contraceptives might lead to infertility & 14% said no, 10% said don't know about it. This data shows that they

need to more knowledge about family planning methods & due to lack of knowledge, they had misconception about family planning methods.

4.3.6. Using contraceptive devices is against for religion: -

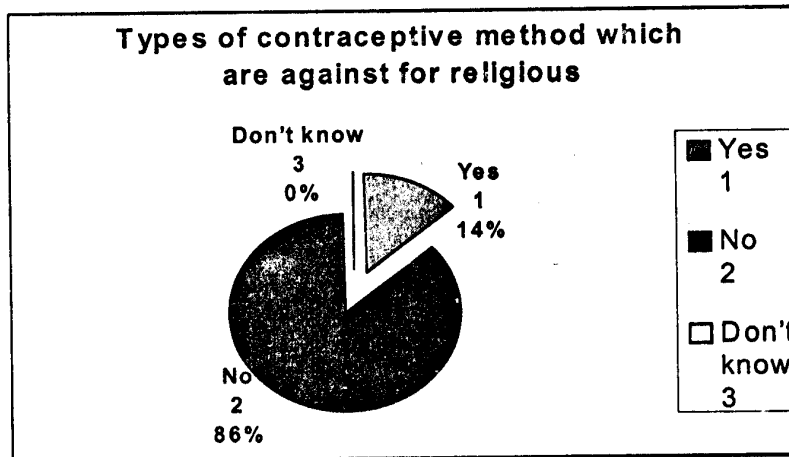
Table no 9:

Sn	F/P devices against for religion	Number	Percent
1	Yes	50	100
2	No	-	-
3	Don't know	-	-
	Total	50	100

Above table shows that 100% respondents said using contraceptive devices is against of religion. This data shows that they have own religions belief about it but now a days some methods like Pills, Depo, Condom, IUD, Norplant were like other medicines but permanent family planning method reject by religious beliefs.

If yes, all types of contraceptive method are against for religious

Table No 13



If no, what types of contraceptive are allowed for your society: -

Table no 10

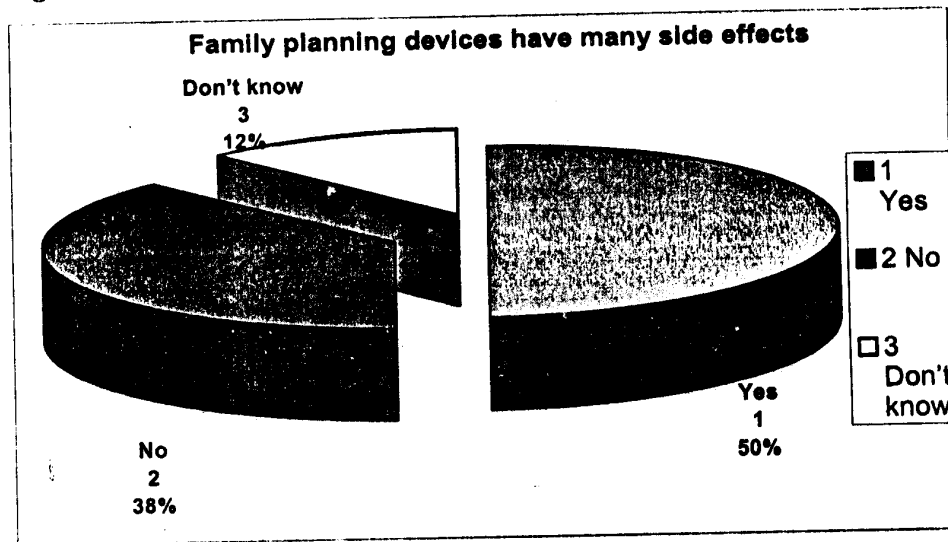
Sn	Method	Number	Percent
	Temporary		
1	Pills	43	86
2	Depo	43	86
3	Norplant	43	86
4	Copper-T	43	86
5	Condom	43	86
	Permanent		
6	Female sterilization	0	0
7	Male sterilization	0	0

Above pie chart & table shows that 86% married women said that temporary contraceptives are not against for religious, only permanent F/P method are against of religious. Muslim community said that like Gunaha of the 'Allah', 'Allah' could not accept him/her after death of body. After death nobody read the 'Nawaj' for who did permanent F/P any time of life.

14%-married women said that all F/P method is against for religious. Above data proved that they have misconception & strong religious belief about F/P methods.

4.3.7. Family planning devices have many side effects:-

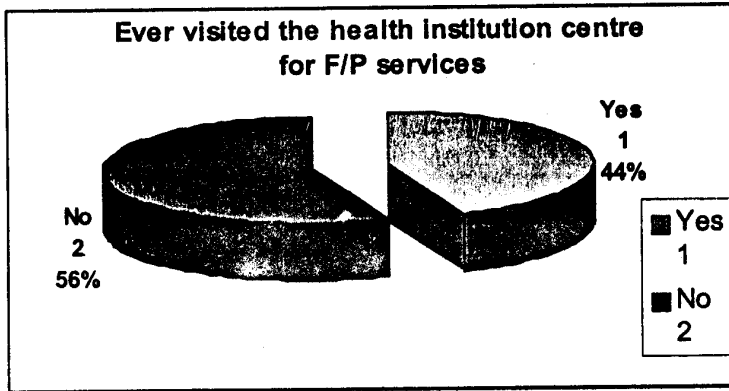
Figure No 14



Above pie chart shows that 50% respondents said family planning devices have many side effects, 38% said no said effects & 12% had no knowledge about it.

4.3.8. Have you ever visited the health institution center for F/P services?

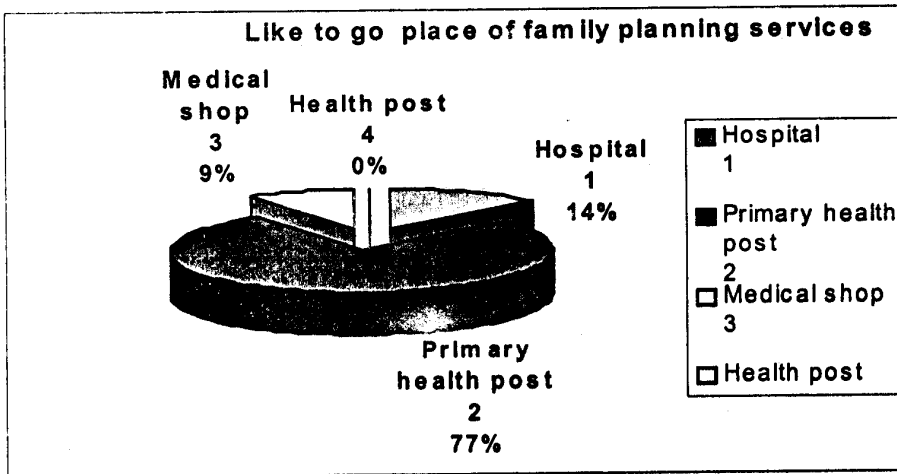
Figure No 15



Above pie- chart shows shows that 44% had visited different institution for F/P services, 56% had no visited for F/P services. Above data shows that majority (56%) of respondents had never use family planning methods.

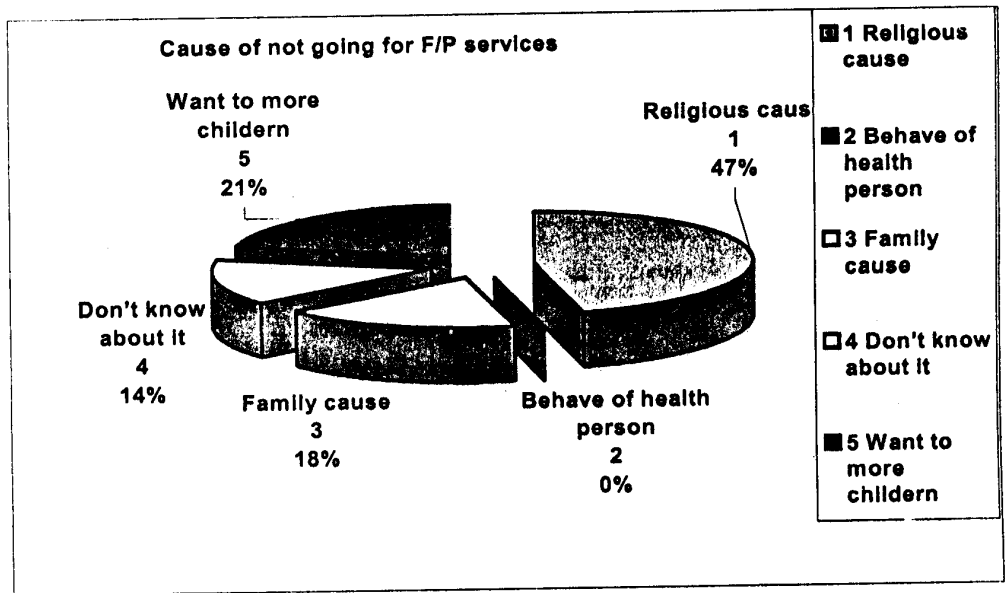
4.3.8.1 If yes, which place do you like to go for family planning services: -

Figure No 16



Above pie chart shows that 77.27% respondent prefer to go for F/P services in primary health centre. It may be due to local health institution situated in this VDC. 13.63% want to go hospital & 9.09% want to go medical shop.

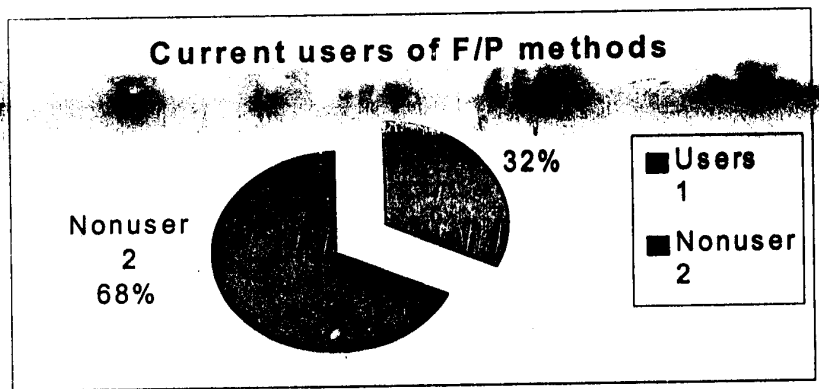
4.3.8.2. If no,(Actual cause of don't want to go of F/P services what is actual cause about it) cause of not going for F/P services.
Figure No 17



Above pie chart shows 42.46% respondents who don't go for F/P services is due to religious cause. 21.42% want more children. 17.85% don't go for F/P services due to family cause 14.28% don't know about it.

4.4 Practice regarding the F/P methods

4.4.1 Current users of F/P methods: -
Figure No 18



Current use of family planning method is main aspect of practice of family planning .The data & facts drawn from this area are major indicators in the family planning program. That is why the investigator has assessed the practice of contraceptives in Muslim

community; only 32% of Muslim women were using contraceptive devices, which was lower than, the national level 37.6% & Rupandehi 35.5%.

• Users of F/P methods according to age

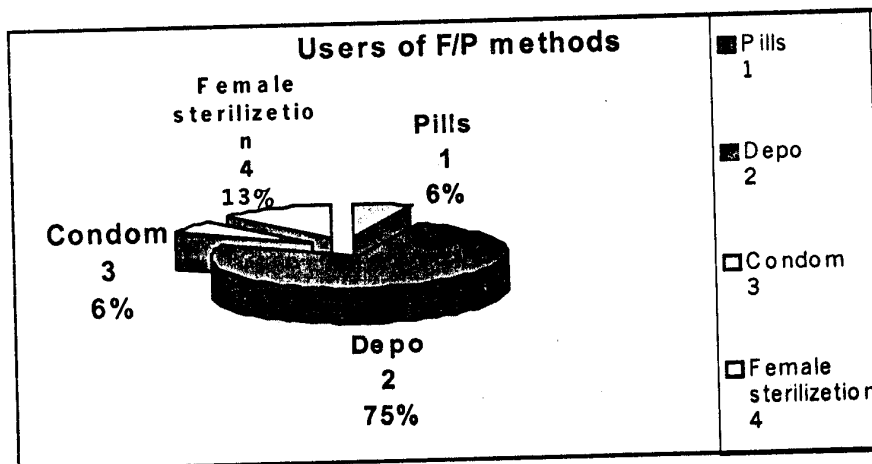
Table no 11

S.N	Age	Total number of women	Percent	Total number of users	Percent
1	15-19	5	10	0	0
2	20-24	11	22	4	25
3	25-29	9	18	4	25
4	30-34	10	20	4	25
5	35-39	5	10	0	0
6	40-44	7	14	3	18.75
7	45-49	3	6	1	6.25
	Total	50	100	16	100

Above table indicates that major position of F/P users were of 20 -34-age groups. It shows contraceptives devices were using more frequently by middle age respondents & declining in later stage. Age group of 15-19 yrs. & 35-39 yrs. respondents were not using any F/P methods.

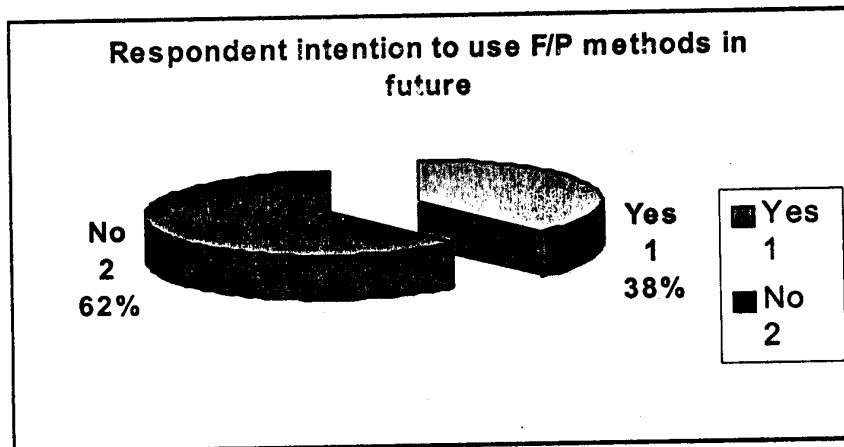
Users of F/P methods according to types

Figure No 19 .

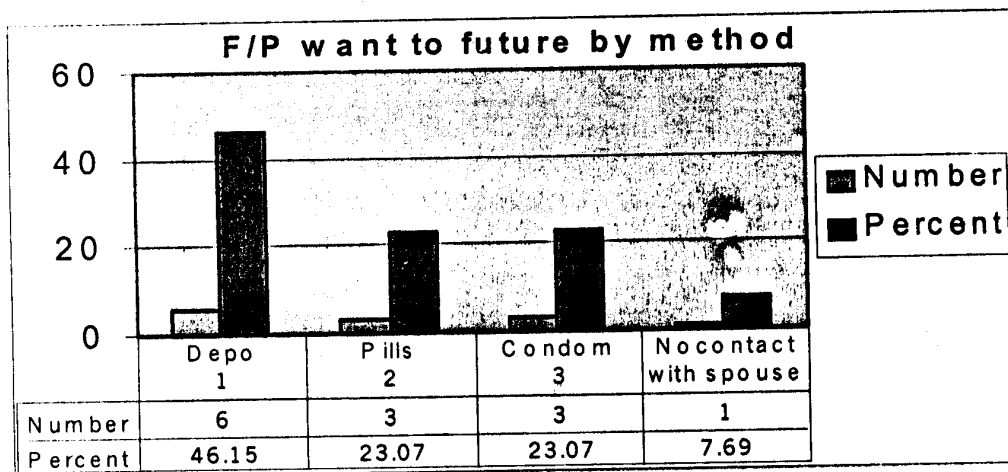


Above pie chart indicates out of 16 F/P users 75% of family planning users were using Depo-Provera, 12.5% were using female sterilization, 6.25% were using pills & husbands of another 6.25% respondents using Condom. It shows that, as national level Depo is the highest popular method of family planning study area. None was using Norplant, IUD & male sterilization.

4.4.2 Percentage distribution non-user's respondent according to their future intention to use of F/P methods by 34 respondents.
Figure No 20

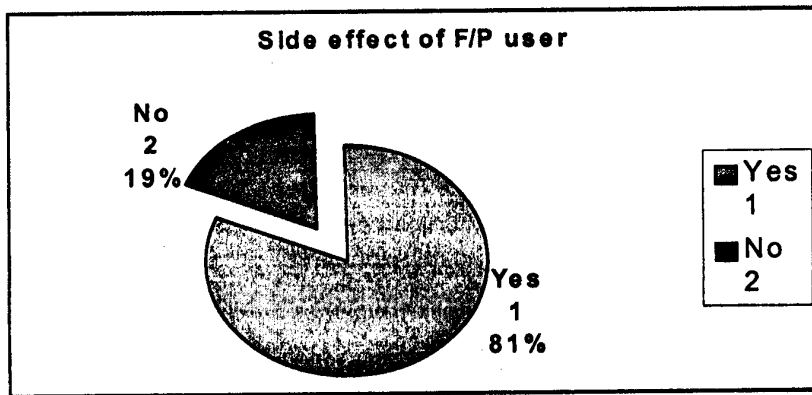


F/P want to future by method: -
Figure No 21



Above bar graph shows that 61.76% respondents had no intention to use of contraceptive methods in future. Among them 46.15% respondents want to use Depo in future, 23.07% want Pills, 23.07% want condom & 7.69% had no contact with spouse. This chart shows that Depo is familiar with them & if there is a little bit motivating factors in F/P they may use F/P method in future.

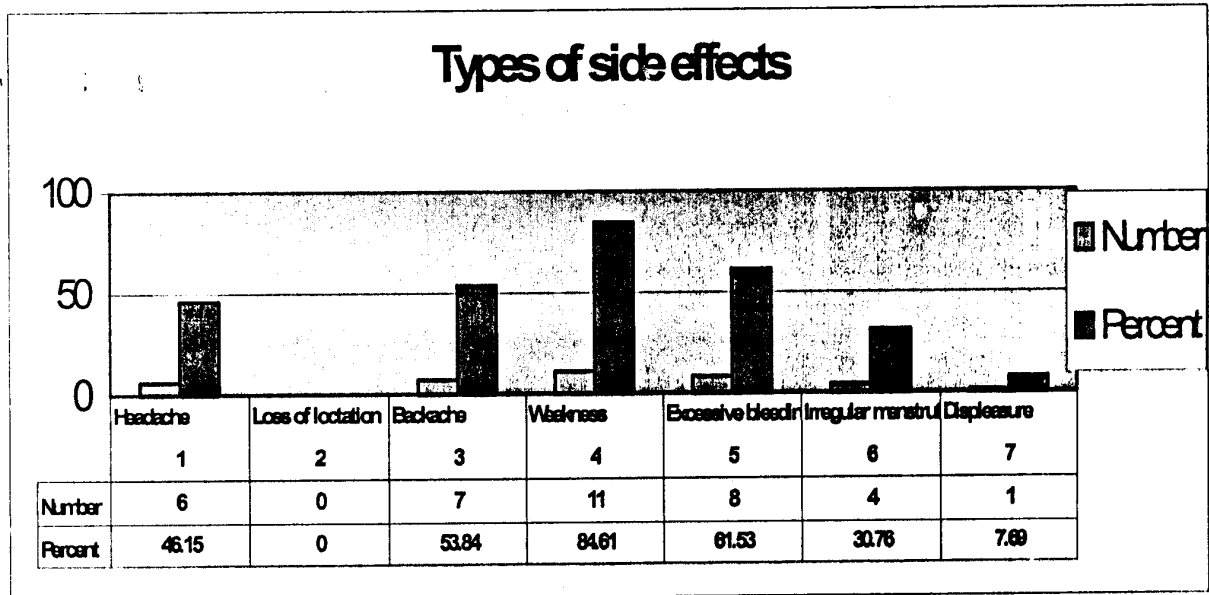
4.4.3. Had side effect of F/P user: -
Figure No 22



Above pie chart shows that out of 16 users, 81.25% users got side effects & 18.25% had no side effects.

4.4.4 Types of side effects: -

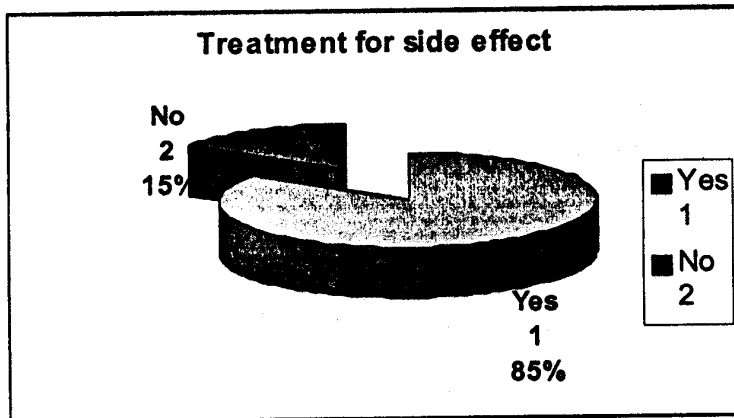
Figure No 23



Response by duplication

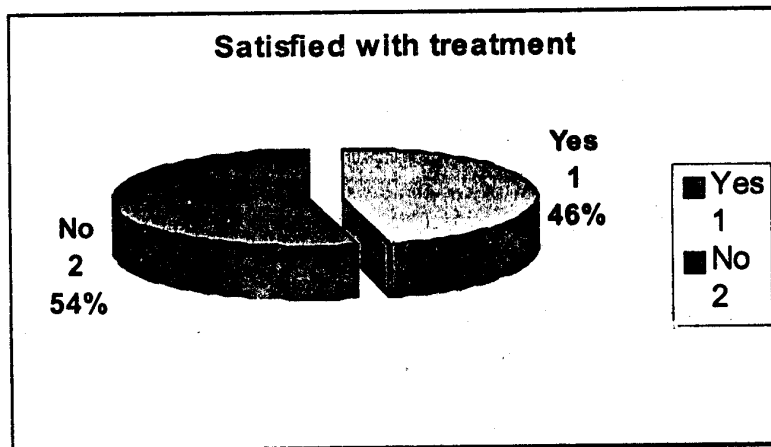
Above bar graph shows that out of 13 respondent side effects feeling 84.61% had weakness, 61.53% had excessive bleeding, 53.84% had backache, 41.15% had headache, 30.76% had irregular menstruation & 7.69% had displeasure.

**4.4.5. Had treatment for side effect: -
Figure No 24**



Above pie chart shows that out of 3 respondents who had feeling of side effect (84.61%) took treatment of side effect & 15.38% did not take any treatment of side effect.

**4.4.6. Had you satisfied with treatment: -
Figure No 25**



Above pie chart showed that 53.84% were not satisfied with treatment & 46.15% were satisfied with treatment.

Hypothesis Testing

Hypothesis no.: 1

H0: Knowledge of family planning method is not low in illiterate than those who are literate among Muslim community

H1: Knowledge of family planning method is low in illiterate than those who are literate among Muslim community

Use X2 Test (Chi Square Test)

N=50

S.N.	Level of Education	Obs (O)	Esrd (E)	O - E	(O - E) ² /E
1	Illiterate	37	16.67	20.33	24.81
2	Literate	10	16.67	-6.67	2.67
3	Primary	3	16.67	-13.67	11.21
Sum		50	50.00		38.68

Degree of freedom d.f = 2

Level of significance = 5%

X_{20.05}, 2df=5.991 (one Tail) from table

Calculated X₂ = 38.68

Since Cal X₂ > Tab X_{20.05}, 2df reject null hypothesis I.e. accept the alternate hypothesis

H1: Knowledge of family planning method is low in illiterate than those who are literate among Muslim community

Hypothesis no.: 2

H0: Using contraceptive devices is not against the religious belief among Muslim community

H1: Using contraceptive devices is against the religious belief among Muslim community

Use X2 Test (Chi Square Test)

N=50

S.N.	Belief on	Obs (O)	Esrd (E)	O - E	(O - E) ² /E
1	Against Religion	50	25.00	25.00	25.00
2	Not against Religion	0	25.00	-25.00	25.00
Sum		50	50.00		50.00

Degree of freedom d.f = 1

Level of significance = 5%

X_{20.05}, 1df=3.841 (one Tail) from table

Calculated X₂ = 50

Since Cal X₂ > Tab X_{20.05}, 2df reject null hypothesis I.e. accept the alternate hypothesis

H1: Using contraceptive devices is against the religious belief among Muslim community

Hypothesis no.: 3

H0: F/P method is not low in practice among Muslim community due to lack of knowledge and due to strong religious belief

H1: F/P method is low in practice among Muslim community due to lack of knowledge and due to strong religious belief

Use X2 Test (Chi Square Test)

N=50

S.N.	F/P Method	Obs (O)	Esrd (E)	O - E	(O - E)2/E
1	Users	16	25.00	-9.00	3.24
2	Non-user	34	25.00	9.00	3.24
Sum		50	50.00		6.48

Degree of freedom d.f = 1

Level of significance = 5%

X20.05, 1df=3.841 (one Tail) from table

Calculated X2 = 6.48

Since Cal X2 > Tab X20.05, 2df reject null hypothesis I.e. accept the alternate hypothesis

H1: F/P method is low in practice among Muslim community due to lack of knowledge and

Due to strong religious belief

Chapter V

5) Findings, conclusion and recommendation

5.1. Major findings and discussion: -

- a) The majority of respondents (22%) were from age group 20-24 years; secondly 20% were from 30-34 years.
- b) All of respondents were 15 to 49 years married women of Muslim community.
- c) 50% respondents were from ward no. 9; left of them was from ward no. 6 and ward no. 5.
- d) Majority of caste 26% Pathan, secondly 22%, Khan and thirdly Darsi and others.
- e) Majority of 74% female illiterate and 26% literate up to primary in Muslim community of Dhakdhai. In national level women literacy rate 35.4% and 64.6% illiterate women rate that data proved that Muslim women education is lower than national literacy rate.
- f) Majority of 72% Muslim female involves in agriculture and secondly house wives (20%).
- g) The majority of respondent 84% staying in joint family and 16% in nuclear family.
- h) Age of 15-29 years women had 1 to 4 children and between 30-49 years women had 4-8 children
- i) 92% respondent heard about F/P and 8% not heard about family planning. Heard about family planning means that they have knowledge about family planning. In national level the knowledge of at least one modern method of contraception has increased from 93% in 1991 to 98% in 1996. That data proved that Muslim community especially 10-15 years back in F/P knowledge.
- j) Major source of information is 62% by health personal, secondly 34% neighbors and thirdly 22% radio.
- k) Majority of respondent 40% understanding family planning means to maintain birth spacing to use family planning devices and to avoid unwanted birth.
- l) Majority of women familiar with Depo 90%, secondary 80 %, female sterilization & 78% Pills.
- m) Majority of respondent 40% opinion about birth spacing above 4yrs, 26% 3-4 yrs, 26% 2-3 yrs, 8% 1-2 yrs.
- n) Majority of respondent 86% had knowledge about availability of F/P services in primary health center, secondly 48% in hospital.
- o) Majority of respondent 80% said frequent pregnancies may lead to health problem and 8% said no, 12% not know knowledge about it.
- p) Majority of respondent 64% said that they had no need many children for ideal family, 24% needed many children and 12% had no knowledge about it.

- q) Majority of respondent 64% said parents with fewer children's have better economic status, 24% give no answer and 12% not know about it.
- r) Majority of respondent 60% said F/P not help to improve family health status, 14% said F/P improved family health status and 26% had no knowledge about it.
- s) Majority of respondent 76% said that the temporary contraceptives may lead to infertility, 14% said no and 10% not know about it.
- t) Majority of respondent 100% said using contraceptive devices (especially permanent) was against for religion. That data improve that they had own their religious believe about F/P method which causes develop negative attitude among Muslim community.
- u) 86% said that the temporary contraceptive are not for against religious, 14% said all types of F/P methods against for religious.
- v) Majority of respondent 50% said that the family planning devices had side effects.
- w) Majority of respondents 56% said that they had not visited the F/P services center.
- x) Majority of cases 77.27% prefers to want F/P services in P.H.C. and secondly 13.63% in hospital.
- y) Majority of respondent 46.42% cause of not going for F/P services was religious causes and secondly 21.42% want to have more children.
- z) Majority of respondent 68% said that they had not used F/P method and only 32% used F/P method, which was lower than the national level 37.6% and Rupandehi district level 35.5%.
- aa) Majority of respondent 75% F/P users age is between 20 to 34 years.
- bb) Majority of F/P users 75% used Depo, Secondly 12.5% female sterilization.
- cc) Majority of F/P users 81.25% had side effects.
- dd) Majority of side effects 84.61% are weakness, secondly 61.53% are excessive bleeding.
- ee) Majority of respondent 84.61% had got treatment for side effect and 15.38% had not got treatment.
- ff) Majority of respondent 53.84% is not satisfied with treatment and 46.15% are satisfied with the treatment.

5.2. Summary of findings: -

All of the respondents were 15-49 years Muslim women according to the findings female education was low (26%). In Muslim women according to their occupational status of women were in agriculture (72%). Majority of respondent 84% was living in joint family.

The Muslim married women had family planning knowledge (92%) lowest then national level (98%). The majority of women said that the using contraceptive devices are against for religious (100%) especially permanent F/P method. They have misconception about side effect (50%) and F/P method like (76%)

temporary contraceptive may lead in fertility, (60%) F/P not help to improve family health status.

According to this study majority of respondent not visited the F/P services center (56%), cause of not going to F/P services was religious cause and they wanted to have more children also.

Current users of F/P are 92% and familiar F/P method was Depo (75%) and secondly female sterilization (12.5%), Majority of F/P users had side effects (81.25%), weakness (84.61%) and excessive bleeding (61.25%). Majority of users got treatment (84.61%) for side effect and 45.15% not got satisfied with treatment.

5.3. Conclusion

In conclusion the present study indicates that female education is most important, increase family planning knowledge in Muslim community. Family planning community based awareness and motivation is needed for increasing the knowledge, attitude and practice. They had own traditional religious and socio-cultural beliefs, which cannot change without, increase educational level and help of religious leaders.

92% women heard about family planning devices and 8% don't know about F/P devices. In national level the knowledge of at least one modern method of contraception has increased from 93% in 1991 to 98% in 1996. That data had proved those Muslim community women especially 10-15 years back in knowledge.

They have strong (100%) negative attitude about F/P method developed by religious cause except that due to low education they have mis-conception about family planning like Temporary contraceptive develop infertility, permanent and temporary contraceptive develop to many side effects means develop negative attitude within the Muslim community except that they have some positive thinking about family planning. 40% opinion about birth spacing above 4 years, 80% majority respondent said frequent pregnancies may lead to health problem, 64% majority respondent no need many children for ideal family, Majority respondent 64% said parents with fewer children's have better economic status. Above positive attitude will be helpful to encourage using of F/P method in Muslim community.

Current users of F/P methods was lower than the national level the main cause of not using of F/P method were low education (26%) religious cause (100%) fear of side effect (50%), face of side effect (81%).

5.4. Implication of the study

- a) This study will be helpful to the Dhakdhai VDC to know the condition of Muslim community regarding F/P and help to provide health programme for V.H.W. FCHVS related to health education.
- b) This study will be help the PHC situated in this VDC to identify knowledge attitude and practice of family planning of the Muslim community of it's catchment area.
- c) This study will help the district health office Rupandehi to plan health education programme about family planning to the Muslim community.
- d) This study will be helpful to the planner and policy maker also to make policy and make appropriate plan to improve family planning utilization in Muslim community.

5.5. Recommendations

The recommendation suggested by the investigator.

- a) This type of study can replicate in large scale from the different places of the country for valid generalization.
- b) This type of study can be conducted between educated and uneducated or in male and female Muslim community.

4.6 Strength and Limitations of the study

Strength

- a) Interview questionnaire was protested for validity and reliability.
- b) The investigator herself collects all the data to bring uniformity and reduce the risk of misleading the findings.
- c) Literature reviews, consults the guide and re-checked to correct the report.
- d) The investigator experienced easy in data collection due to the support and co-operation of the respondents in the Dhakdhai VDC.

Limitation

This small study cannot be generalized this is done for partial fulfillment of academic requirement of bachelor of nursing course.

- Because the sample size was limited 50 respondents only, so it can not be generalized.
- This study was limited to Dhakdhai VDC only for short period.
- The time period was short (7 weeks) to conduct research study of respondents.

5.7. Difficulties faced during the study

- a) It was difficult to get information from some respondents because sometimes they were hesitating to give information.
- b) Relevant and recent literature on some research topic was not found in the context of Nepal.

5.8. Plan for Dissemination

The investigator had planned to disseminate the finding of this research study as follows.

- a) Concern advisor of this study.
- b) Library of nursing campus Maharajgunj.
- c) DPHO Rupandehi.
- d) NHRC

APPENDIX 1

Research Questionnaire

A study on knowledge, Attitude and practice of family planning methods in Muslims community of Dhakdhai VDC Rupandehi western region of Nepal.

Note:- The obtained information will be used only for research study and confidently will be maintained. The following question will be asked to each respondent after talking consent.

A) Bio-socio-demographic data:

- 1) S. No:
- 2) Age of respondent: Marriage age
- 3) Sex: female
- 4) Present address:
- 5) Caste:
- 6) Education.
 - a. Illiterate.
 - b. Literate.
 - c. Primary.
 - d. Lower secondary.
 - e. Secondary.
 - f. Higher secondary.
 - g. Above higher secondary.
 - i. Spouse's education.
- 7) Occupation: -
 - a. Agriculture.
 - b. Service.
 - c. Labour
 - d. Business.
 - e. House wife
 - f. Specify if any others.....
 - i. Spouse's occupation.....
- 8) What is your family type?
 - a. Nuclear.
 - b. Joint

9) How many children do you have?

- a. Son b. Daughter c. Total family

B) Knowledge on family planning methods:

C)

10) Have you heard about family planning?

- a. Yes b. No

If yes, from where did you get information about F/P?

- a. Radio b. Television
c. Neighbors d. Health personal
e. If others specify.....

11) What do you mean by family planning?

- a. Means to maintain birth spacing.
b. To use family planning devices.
c. Having only two children.
d. Improvement of health condition of family.
e. To bring about wanted births.
f. To avoid unwanted birth.

12) Have you heard any methods of family planning?

- a. Yes b. No

If yes, what are these?

- a. Condom b. Pills
c. IUD d. Depo
e. Norplant f. Female sterilization
g. Vasectomy

13) Which of the ideal time of birth spacing is better for health of mother and child in your opinion?

- a. 1 - 2 yrs. b. 2 - 3 yrs.
c. 3 - 4 yrs. d. 4 yrs above.

- 14) **Do you know, where the F/P service is available?**
 a. Out reach clinic. b. Sub health post.
 c. Health post. d. Primary health center
 e. Hospital. f. Health workers.
 g. Private clinic.

D) Question related to attitudes.

- 15) **Frequent pregnancies may lead to health problem.**
 a. Yes b. No c. don't know

- 16) **Many children's are needed for ideal family.**
 a. Yes b. No c. Don' t know

- 17) **Parents with fewer children's have better economic status.**
 a. Yes b. No c. Don' t know

- 18) **Family planning helps to improve family health status.**
 a. Yes b. No c. Don't know

- 19) **Using contraceptives devices is against for religion.**
 a. Yes b. No c. Don't know

- 20) **All type of contractive methods is against for religions.**
 a. Yes b. No c. Don't know

If no what type contraceptive is allowed for your society.

- | | |
|---------------------------------------|--|
| 1. Temporary <input type="checkbox"/> | 2. Permanent. <input type="checkbox"/> |
| a. Pills <input type="checkbox"/> | a. Female sterilization <input type="checkbox"/> |
| b. Condom <input type="checkbox"/> | b. Vasectomy <input type="checkbox"/> |
| c. Depo. <input type="checkbox"/> | |
| d. Norplant <input type="checkbox"/> | |
| e. Coper T. <input type="checkbox"/> | |

- 21) **Family planning devices have many side effects.**
 a. Yes b. No c. Don't know

- 22) Have you ever visited the center for family planning services?
 a. Yes b. No

If yes, which place do you like to go to family planning services?

- a. Hospital. b. Primary health center.
 c. Health post. d. Sub health post.
 e. Medical shop. f. Mobile health clinic.
 g. If other specify.

If No, why you don't want to go.

- a. Religions cause b. Behave of health person.
 c. Family causes d. Not a about it.

D) Questions related to practice.

- 23) Do you want to use any methods of family planning?
 a. Yes b. No

24) If yes, which methods do you prefer to use?

- a. Depo b. Condom
 c. Pills d. Norplant
 e. Copper T f. If any, specify.

25) If No why?

- a. Fear of side effects. b. Not easily available.
 c. Illiteracy & ignorance d. Religion & culture cause.
 e. Desire for son. f. Sexual displeasure.

26) Do you use F/P methods.

- a. Yes b. No

If yes what type of family planning device are you using at present?

- a. Pills b. Depo
 c. Condom d. Norplant
 e. Copper T f. Female sterilization
 g. Vasectomy

27) Did you feel any side effect?

a. Yes b. No

28) If yes, what are these?

a. Headache b. Loss of lactation
c. Backache d. Weakness
e. Excessive bleeding f. Irregular menstruation
g. If any other specify.....

29) Did you get any treatment?

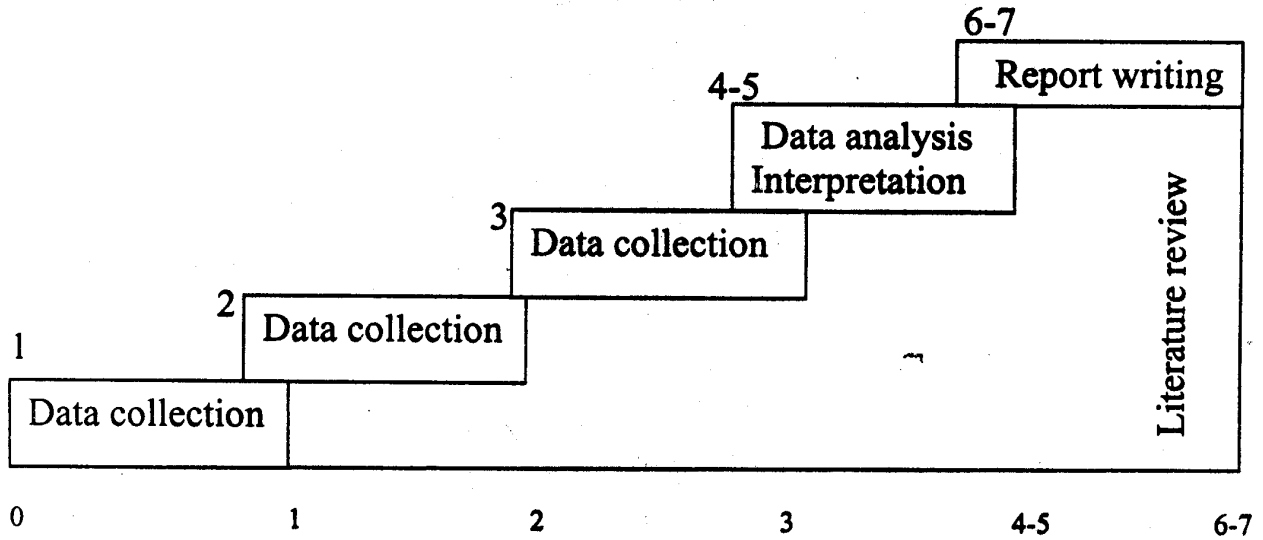
a. Yes b. No

30) If yes, are you satisfied with this treatment?

a. Yes b. No

APPENDIX 2

Research work plan 2060



First week- 0-1 = 2060 -1-14 to 2060-1-20

Second week- 1-2 = 2060- 1-21 to 2060 -1-27

Third week- 2-3 = 2060- 1-28 to 2060 - 2-3

Fourth week- 3-4 = 2060- 2-4 to 2060- 2-10

Fifth week- 4-5 = 2060- 2-11 to 2060- 2-17

Sixth week- 5-6 = 2060- 3 -1 to 2060-3-7

Seventh week- 6 -7 = 2060-3-8 to 2060-3-14

Note: - Problem proposal writing, instrument development was already done in study block & literature review was continued out the research practicum.

Appendix 3

Reference

Book, Journal, Article and Thesis:

1. Ahamad Meraj (2001) *A study on factors affecting F/P Practics among Muslim women of reproductive age group.* Unpublished BPH student dissertation, T.U.I.O.M. Maharajgunj, Ktm. Nepal.
2. American educational trust (1999) *All rights reserved* (result & analysis 1995-1999.)
3. *Americian educational trust* (1995-1999) all rights reserved.
4. Bista D.B. (1976) *Pepole of Nepal.*
5. DOHS (1996) *Annual reports.* 1995-1996, HMG. Nepal.
6. Family Health Division (1998) *National Reproductive Health Strategy* DHS, HMG, Nepal.
7. G. Giri & Helen M. Wallace, *Health care of women & children in developing countries* Third party published company Oakland California.
8. HMG (2001) *Population census* National report central Bureau of static's KTM Nepal.
9. HMG(2001) Policy, Planning & foreign aid division, *Health information Bulletin* Ramshpath, KTM. Nepal.
10. HMG, MOH (2001) *Women Health & Development Nepal* country profiles planning and foreign Aid decision KTM Nepal.
11. HMG. (2001) *Nepal Demographic & Health survey.*
12. HMG. (2001) *Population census Caste & ethnicity* by district central Bureau of statics KTM, Nepal.
13. *International family planning perspective* 2000, vol20, No3.
14. *International F/P perspective March 2002* (volume 28 No.1).
15. *International family Planning perspective* 199,25 (2)p.86-91.
16. Mabub UL.Hag (2000) *Human development is South Asia.*
17. Mistry Malika. (1999) Role of religion in *Fertility & family planning among Muslims In India* Indian journal of secularism 3 (2) p.1-33.
18. Morocco Dec (1971) *Islam & Family Planning* A faithful translation of the Arebic edition of the proceedings of the international Islamic conference held in Robot (Morrco).
19. New Era (2001) *Demographic & Health survey*, Nepal.
20. Park J. & K. (1976) *Textbook of preventive & Social Medicine* (5th.ed) Banarsidas M.A. bhanot publishers. M.P. India.
21. Park J. & K. (1987) *Textbook of preventive & social medicine* (12thed). Publishers Banarasidas M.A. Bhanot India.
22. Park J.E. & K. (1991) *Textbook of preventive & socil medicine* (13th.ed) Publishers Banarsidas M.A. Bhanot India.
23. *Progress of human reproductive health* 1998.

24. Safemotherhood Issue 24.1997/(2).
25. Saha Mithilesh (2000)A study on knowledge, attitude & practice of contraceptive use in Muslim Women of reproductive age group Unpublished M.A. student dissertation, T.U.Kirtipur Ktm.. Nepal.
26. United Nations (1999)Population Growth New York.
27. WHO/FHE/MSM,(1994.11) Implementing safe motherhood programme division of family health World Health Organization Geneva.Mother & Baby package 1994.11 p.588.
28. World Health Organization bulletin (2000) Journal of public health, volume 78,No5.



२०२९

विश्वविद्यालय
चिकित्सा शास्त्र अध्ययन संस्थान
नर्सिङ क्याम्पस
क्याम्पस प्रमुखको कार्यालय

पो.न.नं:
महाराजगन्ज
काठमाडौं, नेपाल ।
फोन नं: ४१९२६६, ४१९७२३

पत्र संख्या _____ ज नं. ६३९/०५४२०१०

मिति: ०६०११४

विषय: आवश्यक सहयोग बारे ।

श्रीमान जिल्ला जन स्वास्थ्य अधिकृतज्यू,
रुपन्देही जिल्ला जन स्वास्थ्य कार्यालय,
रुपन्देही ।

महोदय,

यस क्याम्पसको स्नातक तह (बि.एन.) द्वितीय वर्षमा अध्ययनरत श्री सरस्वती घिमिरे अनुसन्धानको लागि त्यस ~~हेल्थमिष्ट~~ कार्यालयमा डाटा कलेक्सनको गर्न मिति २०६०११४गते देखि ५ हप्ताको लागि आउँदै छन् । अतः निज विद्यार्थीलाई आवश्यक सहयोग गरी दिनु हुन आदेशानुसार अनुरोध गर्दछु ।

बोधार्थ:

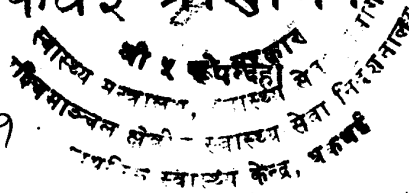
श्री धकधई गा.वि.स.को कार्यालय
क्षेत्र नं. १ धकधई ।

श्रीमती नानी मैया प्रधान
विश्वविद्यालय



श्री १ को सरकार
 स्वास्थ्य मन्त्रालय, स्वास्थ्य सेवा विभाग
 पश्चिमाञ्चल क्षेत्रीय स्वास्थ्य सेवा निर्देशनालय

श्री धकधई प्राथमिक स्वास्थ्य केन्द्र



पत्र संख्या :- ०६०/०३९
 चलानी नं० :- ०३

मिति... २०६०/७/३

विषय:- फिल्ड सम्बन्धमा !

श्री नसिङ्ग क्याम्पस, महरजगंज
 काठमाण्डौ १।

उपरोक्त सम्बन्धमा श्री नसिङ्ग क्याम्पस -
 महरजगंज काठमाण्डौ को फॉर्म नं० ३३९ को पत्रावसार
 यस प्राथमिक स्वास्थ्य केन्द्र धकधई, स्याङ्गेहीअर्न्तगत
 धकधई गाविसको एकमा विभिन्न कार्डहरूमा स्ट्याप
 नर्स श्रीमती सरस्वती (विमिरे) मिति २०६०/१/१४
 गते देखि ५ हुला Data Collection गर्नु
 भएको व्योहोरा जानकारी को लागी अनुरोध
 गर्दा।

२०६०/७/३
 जन स्वास्थ्य निरीक्षक

जीवनजलको उचित प्रयोग गरौं । झाडा पखालाबाट हुने अकाल मृत्युबाट बच्औं ।